

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
CONSULTATION REPORT**

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**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**David I. Jones, MD**

**ADMIT DATE: 08/03/2012 23:52**

**DISCHARGE DATE:**

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**REASON FOR CONSULTATION**

Critical care and ventilator management.

**HISTORY OF PRESENT ILLNESS**

The patient is an unfortunate 45-year-old male who looks very much older than his stated age with a history of chronic alcoholism. He has been incarcerated since March. He was recently transferred to a facility the 2nd. Prior to his transfer he was hit by another inmate causing a left periorbital ecchymosis and laceration. Approximately 30 minutes after dinner patient was reported to be found to a guard unresponsive with agonal breathing. He was being held by inmates that were surrounding him who stated that he'd had a seizure and they were holding him "to keep him from hitting anything." Patient was then brought to the Emergency Room where he was found to have some upper and lower GI bleeding and hypotension. He was intubated and brought to the Emergency Room. His temperature had been 107.9 on arrival. The most recent temperature we've obtained here after arriving to the ICU in Tyler is 99.2 degrees and this is without any cooling measures performed. Thus far I have given patient one liter of IV fluids. He has had multiple bags of fresh frozen, currently receiving platelets and blood. He continues to profusely bleed. His PT and PTT is extremely high, unreadable and his repeats are pending. Fibrin split products were elevated indicating a possible TTP. Multiple differentials have come to mind. He has been on Seroquel for depression and his mother states approximately one month ago, it was recently increased from 300 to 500. Overall the patient is critically ill. He is on multiple pressors including Neo, Levo and vasopressin at this point. Profuse lower GI bleeding is being contained in a Flexi-seal that is continuous. Patient continues to have hypotension despite fluid bolus, despite multiple pressures, despite blood products being infused. I have discussed the severity of the situation with his mother and his daughter who are aware of the severity and at this point in time they want us to continue efforts. If patient does have a cardiac arrest, the patient is not to receive CPR according to his mother.

**PAST MEDICAL HISTORY**

1. Coronary artery disease. He had an MI at a younger age.
2. GERD.
3. Bloody stools since April.

**CONSULTATION REPORT**

**Page 1 of 5**

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4. Depression.

**PAST SURGICAL HISTORY**

Multiple known surgeries including bilateral hip surgery, GI surgery in 2011, back surgery and neck surgery in 2012.

**SOCIAL HISTORY**

He has been incarcerated since March. He is a one pack per day smoker. Heavy drinker up until the time of the incarceration at approximately 8-12 beers per day.

**ALLERGIES**

NONE REPORTED

**MEDICATIONS**

Per mother includes,

1. Seroquel 500 mg.
2. Lisinopril dose unknown.
3. Gabapentin dose unknown.

**FAMILY HISTORY**

Unknown.

**REVIEW OF SYSTEMS**

Unable to obtain as he is currently intubated.

**ANCILLARY DATA**

Initially received in Palestine includes drug tox screen which is negative. His initial chemistries showed a sodium of 130, potassium 5.9, chloride 98. C02 23. His glucose was 105, BUN 24 and a creatinine elevated at 2.2. His AST was 40, ALT 30. Alkaline phosphatase was 117. His initial CKMB was 0.8. Alcohol level was nil. His CBC showed a white count of 7,000, hemoglobin 12 and a hematocrit of 37 with a platelet count of 183. His differential showed 33% segs and 1% bands. CT of the head without IV contrast showed no acute intracranial abnormalities. Urinalysis was unremarkable. Platelets were within normal range at 183.

Ancillary data here in Tyler includes ABGs on arrival showing a pH 7.15, pC02 45, pO2 83.4 and a bicarb of 15.6 on assist control of 14, 650 and 5

**CONSULTATION REPORT**

**Page 2 of 5**

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of PEEP. A repeat ABGs just obtained showed a pH 7.16, pCO2 47, pO2 of 300 with a bicarb of 16.8, base excess of -11 on assist control, 14, 655 and 100%. Changes made to the vent were an increased respiratory rate of 22 and a reduced FI02 of 50%. His ionized calcium was 0.8. He has been given two amps of calcium gluconate.

His cardiac enzymes on arrival showed a CK 1,321, CKMB 16.8, troponin 38. His BNP was 8. His chemistries on arrival showed a sodium of 137, potassium 4.5, chloride 106, CO2 18, glucose 108. BUN 31, creatinine down trending to 1.58 from his original presenting of 2.2. His AST elevated at 271. Total bilirubin 1.8, direct bilirubin 0.85. His calcium is 6.6 and blood albumen 2.7. Fibrinogen degradation products were more than 40. His CBC showed a white count of 19,000, hemoglobin 11 and hematocrit 34 with a platelet count of 57 with 59% segs and 12% bands. His chest x-ray showed an ET tube in good position. His NG tube is in good position otherwise no abnormalities.

CT of the head as stated above from Palestine. Coags are pending.

Current IV medications infusing include Levophed, vasopressin, neo-syneprine and patient had received a liter of normal saline which he continues to receive normal saline at 200 cc's per hour along with the bicarb drip 100 cc's, 5% and 100 cc's per hour. Central line was just placed by Dr. Jones.

**ASSESSMENT AND PLAN**

1. Shock, multifactorial in nature, questionably septic shock as well as hypovolemic shock.
2. Acute respiratory failure receiving mechanical ventilatory support.
3. Shock liver secondary to #1.
4. Elevated troponin with a cardiac history.
5. Acute renal failure.
6. Severe acute anemia blood loss.
7. History of heavy alcohol abuse.
8. Severe upper and lower GI bleed.

**IMPRESSION AND PLAN**

1. He has already received multiple antibiotics including vancomycin,

**CONSULTATION REPORT**

**Page 3 of 5**

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Zosyn and clindamycin which we are continuing routinely. Blood cultures, urine cultures and sputum cultures have been obtained and we are following.

Continue bicarb drip. Continue aggressive fluid resuscitation.

2. Acute respiratory failure with mechanical ventilatory support.

Continue vent support with a metabolic acidosis. Continue bicarb. We have increased his respiratory rate. Will follow.

3. Elevated troponin with a history of coronary artery disease and MI in the past. Will follow cardiac enzymes, obtain echocardiogram.

4. Severe hypotension and metabolic acidosis. Maintain pressures. We will add steroids.

5. Hypocalcemia. Correct electrolytes per protocol and follow.

6. Acute renal failure secondary to the above. Aggressive IV fluids and follow I's and O's, creatinine.

7. Acute anemia with blood loss with coagulopathy. Transfusing fresh frozen platelets and blood rapidly following his H H.

8. History of alcohol abuse with history of GI bleeding in the past. If patient makes it through to night, we will need GI evaluation for possible scoping.

9. Severe upper and lower GI bleed supported with transfusions, possibly currently a DIC/TTP. Continue supportive and aggressive care as stated above.

10. Shock liver secondary to the above.

Overall patient's prognosis is very poor and critical in nature. This was discussed with the family. Patient wishes to continue current care with no CPR if patient goes into a cardiac arrest.

Total critical care time with patient approximately one hour and 45 minutes. Patient is seen by myself as well as Dr. Jones and Dr. Jones will add an addendum. He agrees and collaborates with the plan as stated above.

Dictated by: Christine Porter, ACNP

cc:

**CONSULTATION REPORT**  
**Page 4 of 5**

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**MR#: 1290384 ACCOUNT #: 00043328731**  
**David I. Jones, MD**  
**ADMIT DATE: 08/03/2012 23:52**  
**DISCHARGE DATE:**

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TR: cay JOB#: 111877210  
DD: 08/04/2012 03:35 A  
DT: 08/04/2012 08:25 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:52 -05:00

**CONSULTATION REPORT**  
**Page 5 of 5**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC TYLERPalestine Regional Medical Center  
**TRANSFER RECOMMENDED**  
Consent to Transfer Form

ADAMS, RODNEY

PRE ER Admit: 08/03/12  
01/01/66 M:46 L:FR  
MR# L000159921 TOOT: PALE URBAN  
Acct# L00104029459**A. PHYSICIAN ASSESSMENT AND CERTIFICATION**

I have assessed the individual and have determined the individual's condition to be:

1. \_\_\_\_ The individual does not have an Emergency Medical Condition. This is a non-emergency transfer.
2. \_\_\_\_ The individual has an Emergency Medical Condition which has been stabilized such that within reasonable medical probability, no material deterioration of the individual's condition or the condition of the unborn child(ren) is likely to result from transfer.
3. \_\_\_\_ The individual has an Emergency Medical Condition which has not stabilized, however I believe that the potential benefits from a transfer outweigh the risks.

**B. TRANSFER CONSENT OR REFUSAL**

I acknowledge that my medical condition has been assessed and explained to me by the Emergency Department physician and/or my attending physician who has recommended that I be transferred to the service of Dr. Sachry at ETMC-Tyler.

The potential benefits of such transfer, the potential risks associated with such transfer and the probable risks of not being transferred have been explained to me and I fully understand them. With this knowledge and understanding, I hereby:

(Mark Only One) ☐ **CONSENT TO BE TRANSFERRED** ☐ **REFUSE TO BE TRANSFERRED****C. Privately Owned Vehicle Against Medical Advice**

I elect to provide my own transportation and decline medical transportation for the transfer. I am aware of the risks and release the physician, this hospital and its agents from any liability related to transportation to the receiving facility.

Patient's initials \_\_\_\_\_

Witness

Signature of individual or legally  
responsible individual signing on individual's behalf

8/3/12 2015

Date

Time

Relationship to individual

Revised 7/01

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1986 ETMC TYLER



43328731

PALESTINE REGIONAL MEDICAL CENTE

ADAMS, RODNEY		Serv	FC	Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00104029459			11	L	ER	REG ER	08/03/12	1913	L000199921
Soc Sec No: 999-99-9999 DOB: 01/01/66 Age: 46 Sex: M Race: U Religion: W Address: PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Ph: 903-928-3118 Language: ENGLISH Country: ANDERSON COUNTY Country: USA SS#: 999-99-9999 Address: 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77555 Home Ph: 800-605-8165 Relationship to Patient: WARD OF COURT SS#:		UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:							
Address: Home Ph: Relationship to Patient:		UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:							
Address: Home Ph: Relationship to Patient:		WARDEN, GURNEY UNIT PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Phone: 903-928-3118 Relationship to Patient: WC							
Policy # 1797921 Coverage # 0 Subscriber ADAMS, RODNEY Rel to Pt SELF/SAME AS PA DOB 01/01/1966 Group P0696997084 -		Treat/Precert - PRE CERT # Ins Verif Pro Review Not Required							
Policy # Coverage # Subscriber Rel to Pt Group Phone		Treat/Precert Ins Verif Pro Review							
Policy # Coverage # Subscriber Rel to Pt Group Phone		Treat/Precert Ins Verif Pro Review							
NO LOCAL PHYSICIAN		TOOTE, PAUL URBAN 0334							
EMERGENCY ROOM EM AMB PRADMTJG FEVER		Printed By: PRADMTJG 08/03/12 1924							
Critical - Tyler TX-20780 - 181-6-50297% Trop. 1.59 vent. wt. 100 kg NS-L		* CT of head - black eye R S2 75/50 - 170							

Unit Number L000199921



1947) UTMB-Ray

Account Number L00104029459





TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

06/10/2012 SUN 1:05 FAX 903 531 8819 Vhrs ADAMS, RODNEY  
 12/30/2011 PRI 16:30 FAX 43328731 129-03-84 M 045Y  
 DOB: 10/02/1966 ETMC TYLER

0001/001  
 001/001



## ETMC PATIENT TRANSFER HAND OVER COMMUNICATION

To Be Completed by the Transferring Physician

FAX to: FirstComm - 903.531.8819 Date: 8/3/12 Time: 2000

Patient Information: \_\_\_\_\_

Situation: Transferring Facility: PRMCReason for Transfer: CriticalDiagnosis: Resp failure, MI, hyperthermiaCurrent Vital signs: Temp: 107.2 BP: 90/50 P: 170 R: Vent SPO2: \_\_\_\_\_

Background: \_\_\_\_\_

Medications: AmoxicillinAbnormal Labs: Trop. 1.57Diagnostic Read by Radiologist: ☒ Yes ☐ No Radiologist's Name: O'NeillAssessment: Major Drips: Levophed  
Acetaminophen, NSInterventions (i.e. sutures, chest tubes): VentilatorRecommendation: Transfer to ED ICU Floor Other (circle)Mode of transport: Air (Include patient weight: 100 kg/lbs) GroundName of Transferring Physician: Dr. Toote Phone: 903-731-1153Questions please call: 903-535-6267

NOT PART OF MEDICAL RECORD

Apr 09/JFM



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

Palestine Regional Medical Center  
2900 South Loop 256  
Palestine, TX 75801

PAGE 1

Johnny L. Haley, MD

## LAB RESULTS Broadcast REPORT

Name: ADAMS, RODNEY		Age/Sex: 46/M	Attend Dr: TOOTE, PAUL URBAN	
Acct#: L00104029459 Unit#: L000199921		DOB: 01/01/66		
Reg: 08/03/12	Disch:	Status: REG ER	Location:	
Specimen: 0803:PAR:CU00004S Req#: 00605006 Collected: 08/03/12-1925 By: PRNURSB				
Status: COMP Received: 08/03/12-1945 By: PRLABTDB				
Ordering Dr: TOOTE, PAUL URBAN				
Test	Result	Flag	Reference	Verified
<u>U DRUG SCRN</u>				
> U METHADONE	NEG		NEGATIVE	08/03/12-2012
> U COCAINE	NEG		NEGATIVE	08/03/12-2012
> U CANNABINOIDS	NEG		NEGATIVE	08/03/12-2012
> U BARBITURATE	NEG		NEGATIVE	08/03/12-2012
> U BENZODIAZEPEN	NEG		NEGATIVE	08/03/12-2012
> U OPIATES	NEG		NEGATIVE	08/03/12-2012
> U AMPHETAMINE	NEG		NEGATIVE	08/03/12-2012
> U PHENCYCLIDINE	NEG		NEGATIVE	08/03/12-2012
<p>*Specimen analysis was performed without chain of custody *</p> <p>*handling. *</p> <p>*These results should be used for medical purposes only and*</p> <p>*not for any legal or employment evaluative purposes. *</p> <p>This test is for screening purposes only. Clinical consideration and professional judgement must be applied to any drug of abuse test results, particularly in evaluating a preliminary positive result. A specimen may contain a measurable amount of drug metabolite and still be considered negative. In order to obtain a confirmed analytical result, a more specific chemical method is needed. The confirmatory test must be ordered by the attending medical provider. Positive results will not be confirmed by an alternate procedure unless ordered.</p>				

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC TYLER



43328731

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ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC TYLER

Line Regional Medical Center  
1900 South Loop 256  
Palestine, TX 75801

PAGE 1

Johnny L. Haley, MD



## RESULTS Broadcast REPORT

Name: ADAMS, RODNEY		Age/Sex: 46/M		Attend Dr: TOOTE, PAUL URBAN	
Acct#: L00104029459		Unit#: L000199921		DOB: 01/01/66	
Reg: 08/03/12		Disch:		Status: REG ER Location:	

Specimen: 0803:PAR:C00079S		Req#: 00605006		Collected: 08/03/12-1930 By: PRNURAW	
Status: COMP		Received: 08/03/12-1945		By: PRLABTDB	
Ordering Dr: TOOTE, PAUL URBAN					

Test	Result	Flag	Reference	Verified
<b>CMP</b>				
> NA	130	L	136-145 mmol/L	08/03/12-2014
> K	5.9	H	3.5-5.1 mmol/L	08/03/12-2014
> CL	98		98-107 mmol/L	08/03/12-2014
> CO2	23		21-32 mmol/L	08/03/12-2014
> ANION GAP	14.9		4.8-21.0 mmol/L	08/03/12-2014
> GLUCOSE	105		70-110 mg/dL	08/03/12-2014
> BUN	24	H	7-18 mg/dL	08/03/12-2014
> CREATININE	2.2	H	0.8-1.3 mg/dL	08/03/12-2014
> TOTAL PROTEIN	7.0		6.4-8.2 g/dL	08/03/12-2014
> ALBUMIN	3.2		3.2-4.7 g/dL	08/03/12-2014
> CALCIUM	7.3	L	8.5-10.1 mg/dL	08/03/12-2014
> BILI TOTAL	0.9		0.2-1.0 mg/dL	08/03/12-2014
> AST	40	H	15-37 U/L	08/03/12-2014
> ALT	30		12-78 U/L	08/03/12-2014
Please make note of the New Reference Range of ALT. This change incorporates the new ALT "I" (International Standardization of ALT)				
> ALK PHOS	117		50-136 U/L	08/03/12-2014
> CK	165		39-308 U/L	08/03/12-2014
> OSMOLALITY CALC	274		270-290	08/03/12-2014
OSMOLALITY IS A CALCULATED RESULT BASED ON THE SODIUM, GLUCOSE AND BUN RESULTS.				
> CKMB	0.8		0.0-3.6 ng/mL	08/03/12-2014
> ETOH	< 10		mg/dL	08/03/12-2014
Texas legal limit for intoxication = 0.08 % = 80 mg/dL To convert mg/dL to percent, move the decimal point three places to the left. ie 10 mg/dL = 0.01 %				

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Palestine Regional Medical Center  
2900 South Loop 256  
Palestine, TX 75801

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Johnny L. Haley, MD

## LAB RESULTS Broadcast REPORT

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Acct#: L00104029459 Unit#: L000199921		DOB: 01/01/66		
Reg: 08/03/12	Disch:	Status: REG ER	Location:	
Specimen: 0803:PAR:H00062S Req#: 00605006 Collected: 08/03/12-1930 By: PRNURAW				
Status: COMP Received: 08/03/12-1945 By: PRLABTDB				
Ordering Dr: TOOTE, PAUL URBAN				
Test	Result	Flag	Reference	Verified
<u>CBC W/DIFF</u>				
> WBC	7.6		4.8-10.8 K/uL	08/03/12-1953
> RBC	4.13	L	4.7-6.1 M/uL	08/03/12-1953
> HGB	12.6	L	14.0-18.0 gm/dL	08/03/12-1953
> HCT	37.9	L	42-52 %	08/03/12-1953
> MCV	91.8		80-94 fL	08/03/12-1953
> MCH	30.5		27-31 pg	08/03/12-1953
> MCHC	33.2		33-37 g/dL	08/03/12-1953
> RDW	13.5		11.5-14.5 %	08/03/12-1953
> PLT	183		130-400 K/uL	08/03/12-1953
> MPV	9.8		7.4-10.4 fL	08/03/12-1953
<u>MANUAL DIFF</u>				
> PLT ESTIMATE	ADEQUATE		ADEQUATE	08/03/12-2026
> SEGS	33	L	50-70 %	08/03/12-2026
> BAND	1		0-10 %	08/03/12-2026
> LYMPH	57	H	20-40 %	08/03/12-2026
> MONO	4		1-6 %	08/03/12-2026
> METAMYELOCYTE	5	H	0-0 %	08/03/12-2026
> ATYPICAL LYMPH	4			08/03/12-2026

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC TYLER  
43328731

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\*\* END OF REPORT \*\*

Male  
Room:  
Vent. rate 189 bpm  
PR interval 104 ms  
QRS duration 162 ms  
QT/QTc 254/450 ms  
P-R-T axes \* 110 70  
Sinus tachycardia with short PR  
Right axis deviation  
Nonspecific intraventricular block  
Abnormal ECG

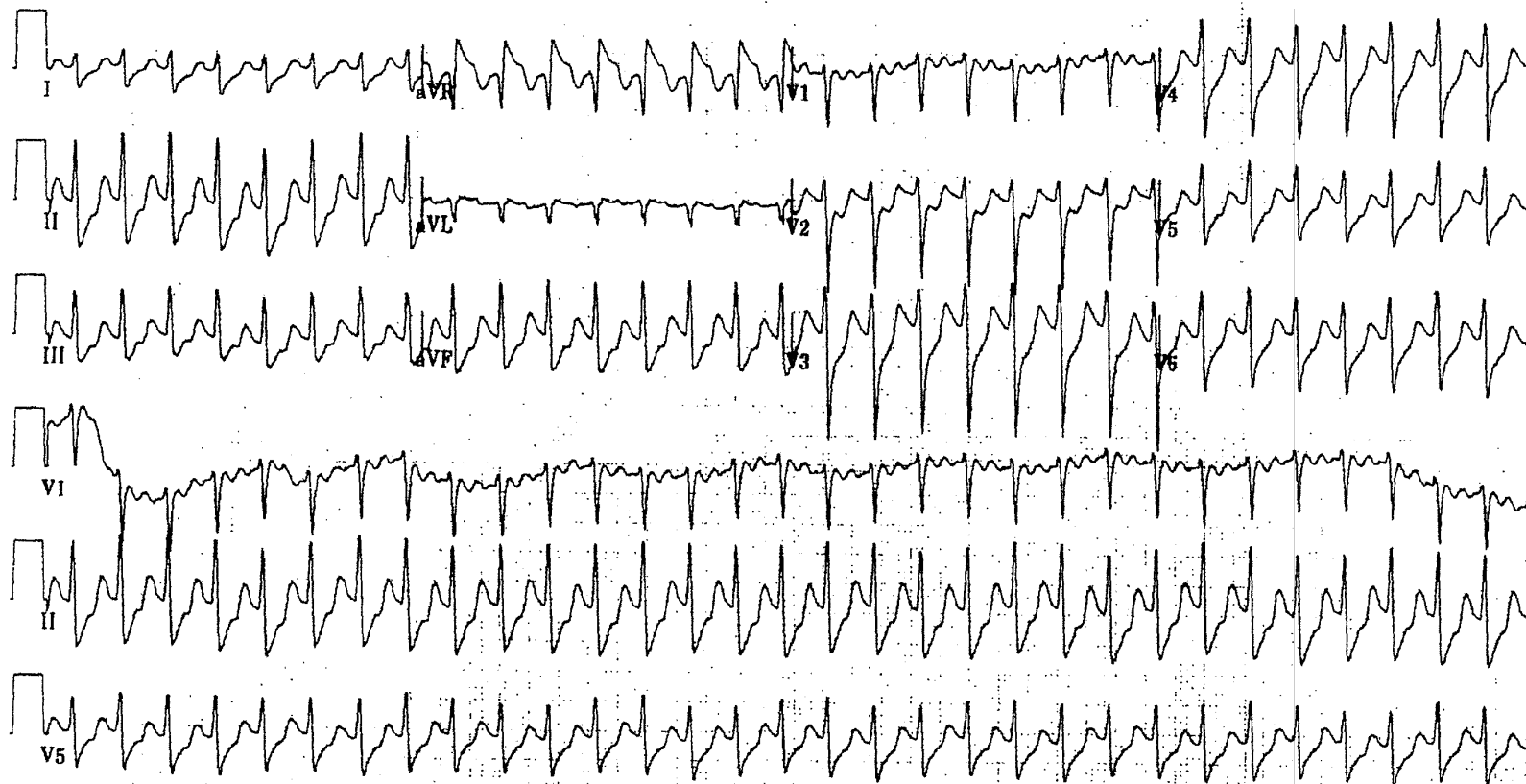


Technician:  
Test ind:

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966  
ETMC TYLER  
43328731

Referred by:

Unconfirmed



150 Hz 25.0 mm/s 10.0 mm/mV  
4 by 2.5s + 3 rhythm lds  
MAC35 009B.1 12SL™ V239

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

McCollum/ Adams-124

PLACIOFILM/MS Adams-1256

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC Tyler



43328731

45 Palestine Regional Medical Center  
**EMERGENCY PHYSICIAN RECORD**  
♦ Altered Mental Status ♦

PQRI - Physician Quality Reporting Initiative

DATE: 8-3-12 TIME: 11:00 AM arrival ROOM: J-2

EMS Arrival EMS treatments ordered

HISTORIAN: patient spouse paramedic NH records

HX / EXAM LIMITED BY:

TRANSFER FROM: see transfer record

**HPI**

**chief complaint:** decreased mental status / confusion  
low blood sugar / diabetic fever *fever unresponsive*  
*more ↑ Temp*  
**onset / duration:** min / hrs / days ago gradual-onset  
*today* sudden-onset  
upon waking cannot confirm onset gone now intermittent  
better continues in ED more than 3 hours constant

**character of altered mental status:**

disoriented / confused / combative / agitated / trouble concentrating  
unresponsive / seizure activity / decreased responsiveness

*at home found on cell & Ans*  
*constituting outside temp 110*

**context:**

nursing home resident / chronic dementia / depression *person*  
found unresponsive / unknown duration  
by nursing home staff bystander family:

dextrostick PTA given D50 / Narcan PTA  
good / marginal / no response

recent / heavy alcohol intake (beer / wine / liquor)

last drink:

drug abuse / overdose

trauma head injury

infection / other family members sick

new medications

Usually:

*Capacities*  
alert, oriented x3

alert but confused

alert but disoriented to time

poor alertness

*Gait*

walks w/o assistance

unable to walk

uses a cane / walker

walks only w/ assistance

**associated symptoms:**

recent illness

fever / chills

chest pain

neck / back pain

trouble breathing

abdominal pain

nausea / vomiting

new weakness

decreased ability to stand / walk

weak / difficult off balance

cannot walk cannot stand falling

fainting / dizziness

involuntary movements / seizure

headache

Similar symptoms previously

Recently seen / treated by doctor / hospitalized

ADAMS, RODNEY

PRE ER

11 01:56 M:46

AC: L00019921 LOGIE PAUL HARRAN

AC: L00104029459

**ROS**

EYES / ENT

problems with vision

sore throat

trouble swallowing

CVS / RESP

palpitations

cough

GU / GI

problems urinating

diarrhea

black stools

MS / SKIN / LYMPH

joint pain

leg / ankle swelling

rash

swollen glands

recent injury

PSYCH

anxiety / depression

LNMP

preg post-menop

all systems neg except as marked

see report

CONST / CVS / RESP / NEURO components also addressed in HPI

**PAST HX**

confusion / dementia

CVA / TIA deficit

diabetes Type 1 Type 2

diet / oral / insulin

head trauma

overdose

seizure disorder

psychiatric disorder

schizoph. / bipolar / depression

old records ordered / summary

link in to MS

Surgeries / Procedures

appendectomy

cardiac bypass / stent

cholecystectomy

link in to MS

asthma / COPD

cardiac disease

AMI CHF A-Fib

hepatitis / HIV

hyperlipidemia

hypertension

insect bite

GI bleeding

Immunizations: Influenza / pneumovax

UTD / referred to PCP

Medications

aspirin coumadin clopidogrel

Allergies

NKDA

see nurses note

**SOCIAL HX**

smoker

drugs

alcohol (recent / heavy / occasional)

occupation

living situation: alone at home in nursing home

FAMILY HX

CVA CAD HTN cerebral aneurysm

link in to MS

Nursing Assessment Reviewed

Vitals Reviewed

**PHYSICAL EXAM**

General Appearance

mild / moderate / severe distress

no acute distress

lethargic / obtunded

alert

apneic

**HEAD / EENT**

PERL

EOM's intact

no apparent trauma

ENT inspection nml

oropharynx nml

airway intact

scleral icterus / pale conjunctivae

unequal pupils R 4 mm L 4 mm

post-surgical pupillary defect (R/L)

EOM palsy

abnml funduscopic / papilledema

deprsd gag reflex / handles secretions poorly

pharyngeal erythema / exudate

hemotympanum / raccoon eyes / Battle's sign

tenderness / swelling / ecchymosis

dry mucous membranes

link in to report

not blood



**EMERGENCY DEPARTMENT  
FALL / ENTRAPMENT RISK ASS.**

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC Tyler  
43328731

**Palestine Regional Medical Center**

Name: ADAMS, RODNEY P#: L00104029459  
Age: 46YRS DOB: 1/1/1966 Sex: M MR#: L000199921  
EDMD: TOOTE, PAUL PMD: NO LOCAL DOCTOR

Date In: 8/3/2012

**FALL / ENTRAPMENT RISK**

Score less than 10 = low risk Score greater than 10 - high risk for fall (follow hospital protocol)

	Score	0	1	2	3	4	5	Other
<b>Age</b>	0	Less than 60	80 or over	60 - 69	70 - 79			
<b>Mental Status</b>	0	Oriented or Comotose		Confused 100% of the time	Unable to follow directions	Nighttime or intermittent confusion		
<b>Elimination</b>	0	Continent Independent	Continent		Requires assistance		Incontinent	
<b>Impairments</b>	0	None known		Vision/glasses or hearing/hearing aid	Confined to bed or chair	Blind or deaf		
<b>BP</b>	0	Within normal limits	Systolic BP consistently less than 90	Dizziness with position changes				
<b>Gait / Mobility</b>	0		(1 pt each item) Uses cane/walker Holds furniture Balance problems					History of recent falls (2 or more in past 6 months) = 7 points
<b>Current Medications</b>	0		(1 pt each med) sedatives Narcotics Diuretics Antihypertensives Benzodiazepines Post-anesthesia Psychotropics Laxatives Cathartics					
<b>Predisposition Conditions</b>	0		(1 pt each item) CVA, Hypertension, Dehydration, Seizures, Arthritis, Parkinson's Disease, Loss of limbs, Post-op 1st 3 days					
<b>Total</b>	0							

Circle each item that applies. Document points in score column. Total at bottom of page.

Pro-MED Forms

Rev. 12/6/06 v.1.1

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

McCollum/ Adams-127

Page 10 of 23



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

**EMERGENCY DEPARTMENT  
PRIMARY NURSING ASSESSMENT**

Palestine Regional Medical Center

Name: ADAMS, RODNEY

P#: L00104029459

Age: 46YRS DOB: 01/01/1966

Sex: M

MR#: L000199921

Date In: 8/3/2012

Time: 1910

EDP: TOOTE, PAUL

PCP: NO LOCAL DOCTOR

<b>Subjective Notes:</b> <i>Unresponsive, Elevated Temp</i>	
<b>Pain</b> <input type="checkbox"/> Patient denies pain	
Location: _____ Quality: <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Cramping <input type="checkbox"/> Burning <input type="checkbox"/> Aching Severity Scale: _____ Onset: _____	
Provocation: <i>Unstable</i> <input type="checkbox"/> Other: _____ Aggravating Factors: _____	
Radiating: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent Relieving Factors: _____	
<b>Psychosocial</b>	
Appearance: <input type="checkbox"/> Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Other _____ Environment: <input type="checkbox"/> No steps <input type="checkbox"/> Few steps <input type="checkbox"/> Many steps	
Mood / Affect / Behavior: <input type="checkbox"/> Appropriate <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious Nutritional status: <input type="checkbox"/> Normal <input type="checkbox"/> Cachectic <input type="checkbox"/> Obese	
<input type="checkbox"/> Tearful <input type="checkbox"/> Other <i>UNRESPONSIVE</i> Religious / Cultural preference: <input type="checkbox"/> None (specify) _____	
Caregiver: <input type="checkbox"/> Self <input type="checkbox"/> Family member <input type="checkbox"/> Significant Other <input type="checkbox"/> Group home Best learn by: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Return demo	
Activity level: <input type="checkbox"/> Ambulates independently <input type="checkbox"/> Requires assistance <input type="checkbox"/> Non-ambulatory Learning Barriers: <input type="checkbox"/> TDD phone <input type="checkbox"/> Interpreter <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Performs ADL's independently <input type="checkbox"/> Requires assistance with ADL's <input type="checkbox"/> Other: _____	
<b>Neurological</b> <i>UNRESPONSIVE</i> <input type="checkbox"/> Not Assessed	
<input type="checkbox"/> Alert <input type="checkbox"/> Oriented X3 <input type="checkbox"/> Cooperative <input type="checkbox"/> Awake but Confused	
<input type="checkbox"/> Uncooperative <input type="checkbox"/> Combative <input type="checkbox"/> Agitated <input type="checkbox"/> Restrained	
Responds: <input type="checkbox"/> To Verbal <input type="checkbox"/> To Pain <input type="checkbox"/> Unresponsive	
Posturing: <input type="checkbox"/> No <input type="checkbox"/> Decorticate <input type="checkbox"/> Decerebrate	
Pupils: _____ Brisk _____ Sluggish _____ Fixed _____ Pinpoint _____ Dilated _____	
Extremities: _____ RUE _____ LUE _____ RLE _____ LLE _____	
Movement: 0=None 1=Barely Breaks Gravity 2=Weak 3=Strong	
Sensation: NR=No response DP=Deep pain MP=Mod pain LT=Light touch	
<b>Gastrointestinal</b> <input type="checkbox"/> Not Assessed	
Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Rigid <input type="checkbox"/> Distended	
<input type="checkbox"/> Non-Tender <input type="checkbox"/> Tender (Area) _____	
Bowel Sounds: <input type="checkbox"/> Present <input type="checkbox"/> Decreased <input type="checkbox"/> Absent	
Elimination: <input type="checkbox"/> Normal <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea # of Stools: _____	
<b>Genitourinary</b> <input type="checkbox"/> Not Assessed	
Urine: <input type="checkbox"/> Colorless <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Brown <input type="checkbox"/> Cloudy	
<input type="checkbox"/> Anuria <input type="checkbox"/> Dysuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency	
Vaginal D/C <input type="checkbox"/> No LMP: <i>NA</i>	
Penile D/C <input type="checkbox"/> Yes Type: _____	
<b>Cardiovascular</b>	
Skin: <input type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic	
Color: <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Ashen <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced	
Capillary Refill: <input type="checkbox"/> <2 Secs (Normal) <input type="checkbox"/> >2 Secs (Delayed)	
Turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Decreased	
Pulses: _____ R _____ L _____	
Carotid _____ Brachial _____ Radial _____ Femoral _____ Popliteal _____ Dorsalis Pedis _____	
S=Strong W=Weak D=Doppler A=Absent	
<b>Respiratory</b>	
Airway: <input type="checkbox"/> Clear <input type="checkbox"/> Other _____	
Effort: <input type="checkbox"/> Unlabored <input type="checkbox"/> Labored <input type="checkbox"/> Mildly <input type="checkbox"/> Severely	
<input type="checkbox"/> Retractions <input type="checkbox"/> Stridor <input type="checkbox"/> Nasal Flaring	
Cough: <input type="checkbox"/> None <input type="checkbox"/> Productive <input type="checkbox"/> Non-Productive	
Lung Sounds: _____ R _____ L _____	
Clear _____ Wheezing _____ Crackles _____ Rhonchi _____ Decreased _____ Absent _____	
ADAMS, RODNEY 43328731 129-03-84 M 045Y DOB: 10/02/1966 ETMC Tyler 43328731	
<b>Musculoskeletal</b> <input type="checkbox"/> Not Assessed	
Lacerations / Abrasions / Contusions	
Location: <i>Contusion (L) Eye</i>	
Size: _____	
Bleeding: <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Scant <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Pulsating	
ROM: <input type="checkbox"/> WNL <input type="checkbox"/> Decreased <input type="checkbox"/> Absent	
Edema: <input type="checkbox"/> Absent <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Deformity: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Scars: <input type="checkbox"/> Yes <input type="checkbox"/> No Distal pulses: <input type="checkbox"/> Absent <input type="checkbox"/> Present	
<b>Pre-Hospital Care</b> <input type="checkbox"/> Transport only	
<input type="checkbox"/> CPR PASG <input type="checkbox"/> Not Inflated IV Type <i>B8</i> Amt Infused <i>CLAC</i>	
<input type="checkbox"/> Intubated <input type="checkbox"/> Legs Inflated	
<input type="checkbox"/> Ambu-Assist <input type="checkbox"/> Abd Inflated	
<input type="checkbox"/> Mask <input type="checkbox"/> C-Collar	
<input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Backboard	
<input type="checkbox"/> O2 @ _____ lpm % <input type="checkbox"/> Traction	
<input type="checkbox"/> Splint	
Medication _____ Amt _____ Route _____	
Vital Signs: T: 107.7 P: 181 Regular R: 6 BP: 095/052 Nurse Signature: _____	

Rev. 03/05/04

Patient Copy

Pro-MED Forms 8/3/2012 7:19:23 PM

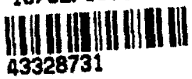
*"Setting the standard in ED Automation"*

Page 1 of 1

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

(Includes herbals, OTC meds, vitamins, nutraceuticals)

Medical Records

ADMISSION			DISCHARGE		
Source <input type="checkbox"/> Patient <input type="checkbox"/> Nursing Home <input type="checkbox"/> Previous Admission <input type="checkbox"/> H&P <input type="checkbox"/> Copied from Patient's Labeled Meds <input type="checkbox"/> Patient's Pharmacy: _____ <input type="checkbox"/> Other: _____ (name) <input type="checkbox"/> Patient Provided & Verified Medication List Personal Meds: <input type="checkbox"/> Sent to Pharmacy <input type="checkbox"/> Sent home with _____ (name)			If Personal Meds Stored in Pharmacy, Obtained and Sent Home With <input type="checkbox"/> Patient or <input type="checkbox"/> Other: _____ (name)		
Medication Name Dosage / Frequency / Route	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:	Patient Teaching Verified and Teaching Sheets Provided
Patient is Knowledgeable About Home Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No					
UNKNOWN			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADAMS, RODNEY 43328731 129-03-84 M 045Y DOB: 10/02/1966 ETMC Tyler			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
 43328731			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List New Medications to be taken</b>					
<b>Hospital Pharmacy Order:</b> Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications:					
Vaccination Decision (Risk Assessment completed on admission) <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated <input type="checkbox"/> Administer vaccine per protocol <input type="checkbox"/> Influenza vaccine <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated <input type="checkbox"/> Administer vaccine per protocol					
<b>ADMISSION RECONCILIATION</b> Date/Time <input type="checkbox"/> READ BACK of a: <input type="radio"/> Telephone <input type="radio"/> Verbal Order			<b>DISCHARGE RECONCILIATION</b> Date/Time <input type="checkbox"/> READ BACK of a: <input type="radio"/> Telephone <input type="radio"/> Verbal Order		
Physician Name/Nurse Signature & Title			Physician Name/Nurse Signature & Title		
Date/Time/Ordering Physician Signature:			Date/Time/Ordering Physician Signature:		
Transcribed: Date/Time/Signature/Title:			Transcribed: Date/Time/Signature/Title:		
Noted: Date/Time/Admission Nurse/Title/Initials:			Noted: Date/Time/Admission Nurse/Title/Initials:		
Height:	Weight: 100.00 kg	Allergies: NKDA-			
<input type="checkbox"/> In. <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Stated <input type="checkbox"/> Actual					
<b>Medication Reconciliation</b> <b>alestine Regional Medical Center</b>			NAME: ADAMS, RODNEY MR#: L000199921 PT#: L00104029459 EDP: TOOTE, PAUL Referral Physician		
			AGE: 46 DATE IN: 8/3/2012 PCP: NO LOCAL DOCTOR		

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"Setting the standard in ED Automation"

Page 1 of 1

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

**INITIAL ASSESSMENT FORM****Palestine Regional Medical Center**PRIORITY: **1**Patient: **ADAMS, RODNEY**

Pt#: L00104029459

**ESI - 1**

DOB: 01/01/1966

AGE: 46YRS Sex: M

MR#: L000199921

EDP: TOOTE, PAUL

Worker's Comp:

DATE: 08/03/2012

PCP: NO LOCAL DOCTOR

Emp. Referred:

Presentation Time: 19:14

Triage Time: 19:14

Arrival Mode: EMS-OTHER

Height: Weight: 220 lbs. 0 oz. 100.00 kgs. LMP:

Last Tetanus:

Acc By: GUARDS

Chief Complaint: FEVER &gt;101 (ADULT)

Vital Signs

T: 107.7 R

P: 181 Regular

R: 6 Labored

BP: 095/052

O2: 77 % RA

Pain Intensity Scale: 0 / 10

Pain Location: Unable to Rate

Brief Assessment: IN WITH FEVER UP TO 107, SEIZURE

NIGHT SWEATS UNK  
WEIGHT LOSS UNK  
ANOREXIA UNKHEMOPTYSIS UNK  
FEVER UNKMAMMOGRAM HISTORY UNK  
SMOKER UNK  
NAUSEA NO  
VOMITING OR DIARRHEA NO  
ABDOMINAL PAIN NO  
EAR ACHE NO  
SORE THROAT NO  
OTHER FAMILY MEMBERS ILL NOSudden Onset:

Pre-Hospital Treatment: Refer to EMS Call Report.

Pediatric Assessment: N/A

Past Medical History: UNKNOWN

Allergies: NKDA-

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966  
ETMC Tyler  
43328731

Medicines: UNKNOWN,

Nurse Signature: 

ALG

Additional Notes:

Rev 07/30/09

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY  
PRE ER Admit: 08/03/12  
01/01/66 M/46 L ER  
MR# L000199921 TOOTE, PAUL URBAN  
Acct# L00104029459

i-STAT cTnl

Pt: L00104029459

Pt Name:

cTnl 1.59 ng/mL

19:32 03AUG12

Operator ID: 002785011603232

Physician:

Lot Number: 102P121502214

Serial: 353711

Version: JAMS133A

CLEW: A24

Custom: 00000000

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC Tyler  
43328731

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

8/3/2012 7:59 PM FROM: FAX TO: 19037311150 PAGE: 001 OF 001

**American Teleradiology**

<b>Patient Name:</b>	RODNEY ADAMS	<b>DOB:</b>	01/01/1966
<b>Patient ID:</b>	199921	<b>DOS:</b>	8/3/2012 7:43:00 PM
<b>Referring Physician:</b>	TOOTE PAUL	<b>Institution:</b>	Palestine Regional Medi

CT Head without intravenous contrast

Clinical Indication: Altered mental status.

Technique: 5 mm axial noncontrasted images obtained from the skull base to the vertex.

Reference: No prior studies for comparison.

Findings:

No focal parenchymal masses, acute intracranial hemorrhage, or acute territorial infarct. No hydrocephalus. No extraaxial fluid collections. Basal cisterns are maintained. Orbits and globes are unremarkable. Mild mucosal thickening within sphenoid and maxillary sinuses. Mastoid air cells are clear. No acute osseous abnormalities. Fluid present within the nasopharynx and oropharynx.

Impression:

No acute intracranial abnormalities.

PRELIMINARY REPORT ONLY; PLEASE FOLLOW UP ON FINAL REPORT  
CONFIDENTIALITY/PRIVACY NOTICE:

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Dr. Thomas J. O'Neill, M.D.

8/3/2012 7:57:02 PM

Transcribed by: TO

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC Tyler  
43328731



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

**ORDER PROCEDURE FORM  
MEDICAL EMERGENCIES****Palestine Regional Medical Center**Name: **ADAMS, RODNEY**P#: **L00104029459**Age: **46YRS** DOB: **01/01/1966**Sex: **M**MR#: **L000199921**Date In: **8/3/2012**

Time: \_\_\_\_\_

EDP: **TOOTE, PAUL**PCP: **NO LOCAL DOCTOR**

Laboratory Tests				Other Diagnostic Tests			
Order Time	Order Sent	By	Order Time	Order Sent	By		
<input checked="" type="checkbox"/> CBC			<input checked="" type="checkbox"/> CXR (PA/LAT - Portable)				
<input checked="" type="checkbox"/> BMP			<input checked="" type="checkbox"/> Abd. (flat & upright)				
<input checked="" type="checkbox"/> CMP			<input checked="" type="checkbox"/> CT Head & Cervical				
<input checked="" type="checkbox"/> Amylase			<input checked="" type="checkbox"/> J. 10 mg IV				
<input checked="" type="checkbox"/> Drug Screen (serum), (urine)			<input checked="" type="checkbox"/> P. 30 gm IV				
<input checked="" type="checkbox"/> ETOH			<input checked="" type="checkbox"/> Cardopulmonary				
<input checked="" type="checkbox"/> Liver profile			<input checked="" type="checkbox"/> EKG				
<input checked="" type="checkbox"/> Magnesium			<input checked="" type="checkbox"/> ABG				
<input checked="" type="checkbox"/> Glucose (bedside), (serum)			<input checked="" type="checkbox"/> O2				
<input checked="" type="checkbox"/> UA			<input checked="" type="checkbox"/> Vent				
<input checked="" type="checkbox"/> Cardiac			<input checked="" type="checkbox"/> LPM				
<input checked="" type="checkbox"/> A&C			<input checked="" type="checkbox"/> Medical Necessity Information:				
<input checked="" type="checkbox"/> Misc. Orders			<input checked="" type="checkbox"/> Monitor				
<input checked="" type="checkbox"/> Previous Medical Records							
<input checked="" type="checkbox"/> Physical Therapy - Eval & Tx							

<b>Weight:</b> lbs: 220 kgs: 100	<b>Allergies:</b> NKDA-
--	-------------------------

Order Time	Medication / Dosage / Route	VO	Read Back	Adm time	Adm by	Site	Time	Reassessment	Pain	Initials
	<input checked="" type="checkbox"/> Propofol 100 mg IV							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	<input checked="" type="checkbox"/> Ativan 10 mg IV							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	<input checked="" type="checkbox"/> IV NS 1L							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	<input checked="" type="checkbox"/> IV NS 1L			1925	ML	EV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	<input checked="" type="checkbox"/> Versed 5 mg IV			1912	ML	EV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	<input checked="" type="checkbox"/> Succs 120 mg IV			1912	ML	EV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	<input checked="" type="checkbox"/> Ativan 10 mg IV			1912	ML	EV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		

Order Time	IV / Solution / Added Medication	Start Time	Device/Size	Location	Attempts	Amount	Start by	D/C Time	Amt Infused	D/C by
	<input checked="" type="checkbox"/> KVO Device:	1912	18G	AC			EMS	1920	18G	Phena
	<input checked="" type="checkbox"/> IV Fluid:	1930								
	<input checked="" type="checkbox"/> IV NS	1942								
	<input checked="" type="checkbox"/> Ativan 2 mg IV	1925		Ativan		2010				

Procedures / Nursing Assistance		
<input checked="" type="checkbox"/> Cardiac Monitor: Rate _____ Rhythm: _____	<input type="checkbox"/> NGT Insertion # _____ Fr.	<input type="checkbox"/> Endotracheal Intubation
<input checked="" type="checkbox"/> NIBP Monitor	<input type="checkbox"/> Gastric Lavage	<input type="checkbox"/> Cardioversion
<input type="checkbox"/> Pulse Oximetry	<input type="checkbox"/> Central Line Placement	<input type="checkbox"/> Oral Airway Insertion
<input type="checkbox"/> Urinary Catheter Insertion: # _____ Fr.	<input type="checkbox"/> CVP Monitoring	<input type="checkbox"/> Oropharyngeal Suctioning
<input type="checkbox"/> CPR		


  

Discharge Instructions	
43328731 129-03-84 P 045Y DOB: 10/02/1966 ETMC Tyler 43328731	
Initials/Signature: <i>ML</i>	Initials/Signature: _____
PA/ARNP: _____	Physician's Signature: <i>R. J. J.</i>

Rev. 09/14/04



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY  
PRE ER Admit: 08/03/12  
01/01/00 M/46 L ER  
MR# L000199921 TOOTE, PAUL URBAN  
Acct# L00104029459  


i-STAT cTnl

Pt: L00104029459

Pt Name:

cTnl 1.59 ng/mL

19:32 03AUG12

Operator ID: 002785011603232

Physician:

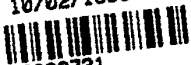
Lot Number: 102P121502214

Serial: 353711

Version: JAMS133A

CLEW: A24

Custom: 00000000

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC Tyler  
  
43328731

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

Palestine Regional Medical Center  
2900 South Loop 256  
Palestine, TX 75801

PAGE 1

Johnny L. Haley, MD

## LAB RESULTS Broadcast REPORT

Name: ADAMS, RODNEY		Age/Sex: 46/M		Attend Dr: TOOTE, PAUL URBAN	
Acct#: L00104029459		Unit#: L000199921		DOB: 01/01/66	
Reg: 08/03/12		Disch:		Status: REG ER Location:	
Specimen: 0803:PAR:U00022S Req#: 00605006 Collected: 08/03/12-1925 By: PRNURSB					
Status: COMP Received: 08/03/12-1945 By: PRLABTDB					
Ordering Dr: TOOTE, PAUL URBAN					
Test	Result	Flag	Reference	Verified	
<u>UA DIPSTICK</u>					
> UA COLOR	YELLOW		YELLOW	08/03/12-2001	
> UA APPEARANCE	CLEAR		CLEAR	08/03/12-2001	
> UA SPEC GRAVITY	1.015			08/03/12-2001	
> UA PH	9.0			08/03/12-2001	
> UA GLUCOSE	NORMAL		NEGATIVE	08/03/12-2001	
> UA BILIRUBIN	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA KETONES	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA BLOOD	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA PROTEIN	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA UROBILINOGEN	NORMAL		NORMAL	08/03/12-2001	
> UA NITRITE	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA LK ESTERASE	NEGATIVE		NEGATIVE	08/03/12-2001	

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC Tyler

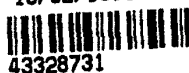


TEMPORARY REPORT COPY  
\*\* END OF REPORT \*\*

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

RUN DATE: 08/03/12		Palestine Regional Medical LAB *LIVE*		PAGE 1
RUN TIME: 1953		Specimen Inquiry		
RUN USER: PRLABTDB				
PATIENT: ADAMS, RODNEY		ACCT #: L00104029459	LOC: L.ER	U #: L000199921
REG DR: TOOTE, PAUL URBAN		AGE/SX: 46/M	ROOM:	REG: 08/03/12
		DOB: 01/01/66	BED:	DIS:
		STATUS: REG ER	TLOC:	
SPEC #: 0803:PAR:H00062S		COLL: 08/03/12-1930	STATUS: RES	REQ #: 00605006
		RECD: 08/03/12-1945	SUBM DR: TOOTE, PAUL URBAN	
ENTERED: 08/03/12-1942		OTHR DR: NO LOCAL PHYSICIAN		
ORDERED: CBC W/DIFF, MANUAL DIFF				
Test	Result	Flag	Reference	Verified
<u>CBC W/DIFF</u>				
WBC	7.6		4.8-10.8 K/uL	08/03/12-1953
RBC	4.13	L	4.7-6.1 M/uL	08/03/12-1953
HGB	12.6	L	14.0-18.0 gm/dL	08/03/12-1953
HCT	37.9	L	42-52 %	08/03/12-1953
MCV	91.8		80-94 fL	08/03/12-1953
MCH	30.5		27-31 pg	08/03/12-1953
MCHC	33.2		33-37 g/dL	08/03/12-1953
RDW	13.5		11.5-14.5 %	08/03/12-1953
PLT	183		130-400 K/uL	08/03/12-1953
MPV	9.8		7.4-10.4 fL	08/03/12-1953
<u>MANUAL DIFF</u>				
PLT ESTIMATE	PENDING RESULT(S)			

ADAMS, RODNEY  
 43328731 129-03-84 M 045Y  
 DOB: 10/02/1966 ETMC Tyler



\*\* END OF REPORT \*\*

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

**EMERGENCY DEPARTMENT  
ONGOING NURSING ASSESSMENT**

Palestine Regional Medical Center

Name: ADAMS, RODNEY

P#: L00104029459

Age: 46YRS DOB: 01/01/1966

Sex: M MR#: L000199921

EDP: TOOTE, PAUL

PCP: NO LOCAL DOCTOR

Date: 8/3/2012

903-5356260

NURSING DIAGNOSES (Number in order of priority. Each patient must have at least one selected.)			
<input type="checkbox"/> Airway Clearance, Ineffective	<input type="checkbox"/> Communication Impaired	<input type="checkbox"/> Infection, Potential	<input type="checkbox"/> Self Care Deficit
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Coping, Ineffective	<input type="checkbox"/> Injury, Potential	<input type="checkbox"/> Skin Integrity Impairment
<input type="checkbox"/> Breathing Patterns, Ineffective	<input type="checkbox"/> Fluid Volume, Alteration In	<input type="checkbox"/> Knowledge Deficit	<input type="checkbox"/> Thought Processes, Impaired
<input type="checkbox"/> Cardiac Output, Decreased	<input type="checkbox"/> Gas Exchange, Impaired	<input type="checkbox"/> Mobility Impaired	<input type="checkbox"/> Thought Processes, Alteration In
<input type="checkbox"/> Comfort, Alteration In	<input type="checkbox"/> Hyperthermia (Fever)	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> Tissue Perfusion, Alteration In
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

The GOAL / PLAN for this patient is to assist in meeting goals.

- ☐ FB REMOVAL  
☐ BLEEDING CONTROL  
☐ PAIN CONTROL  
☐ ALLEViate NV  
☐ FEVER CONTROL  
☐ DECREASE ANXIETY  
☐ SAFETY IN THE ED

Not Met	Met	Int

- ☐ IMMOBILIZATION  
☐ DECREASE / PRE  
☐ MAINTAIN STAB  
☐ MAINTAIN SKIN /  
☐ PREVENT FURTH  
☐ MAINTAIN / IMPROVE CIRCULATION  
☐ INFECTION CONTROL

ADAMS, RODNEY  
 43328731 129-03-84 M 045Y  
 DOB: 10/02/1986 ETMC Tyler  
 43328731

- ☐ REATHING  
☐ DISTRESS  
☐ NEEDS  
☐ NEEDS  
☐ meet EDUCATIONAL NEEDS  
☐ Other

Not Met	Met	Int

Int: N = documentation in nurses notes, other 'codes' per Hospital Policy.

Time	Nurses Progress Notes	Signature	Time	T	P	R	BP	O2 Sat	Temp	HR	RR	SpO2	Cardiac	Urine	Pain
1910	PT to T2 Cardiac Monitor placed	MEN													
1911	Success 120 mg W	MEN													
1912	Versed 5 mg W	MEN													
1914	PT intubated @ 8.0 ETT, @ color change	MEN													
	24 @ lip	MEN													
1920	18G @ hand x 1 stick @ bld @ Cx's down	MEN													
1922	EXG complete, 18G @ bld	MEN													
1925	Cooling blanket placed	MEN													
1930	Rectal Temp 107.	MEN													
1935	ICE packs placed	MEN													
1940	PT to CT via Sp @ monitor	MEN													
1942	2nd NS 1,000 ml Bilus Started	MEN													
2000	Anexa 40mg W-M	MEN													
2005	Rectal Temp 106.2 W	MEN													
2025	BP 82/59 HR 61, 100% RR 15	MEN													
2048	Medic as ordered W	MEN													
2110	PT cleaned up, new Sheet & Green pad placed @ @	MEN													
2130	Flight crew here to transport	MEN													

Disposition: ☐ Discharged in care of: ☐ Amb ☐ W/C ☐ Strat ☐ Carried  
 Discharge Instructions given to: ☐ Verbalized understanding

Admit: Room #: \_\_\_\_\_ to Dr. \_\_\_\_\_ Ready for Room Time: \_\_\_\_\_

Report called at \_\_\_\_\_ and given to \_\_\_\_\_

Transferred to: ETMC ☐ Transfer VerifiedReport called at: 2155 and given to: Lindsay W☐ Left without treatment ☐ Left Against Medical AdviceCondition at Disposition: ☐ Improved ☐ Stable ☐ Serious ☐ ExpiredPain Scale: 0 Pain Location: IntubatedPatient reports that pain is: ☐ Improved ☐ Unchanged ☐ WorseDisposition Vitals: T 103.7 P 158 R 15 BP 81/59 02 100%Disposition Date: 8-3-12 Time: 2100 Nurse: MEN

Rev. 03/05/04

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

**EMERGENCY DEPARTMENT  
MEDICATION ADMINISTRATION RECORD**

Palestine Regional Medical Center

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1966 ETMC Tyler

ADAMS, RODNEY  
46YRS DOB: 01/01/1966 Sex: M MR#: L000189921  
TOOTE, PAUL PCP: NO LOCAL DOCTOR

Date In: 8/3/2012

Allergies: NKL



43328731

INFUSION & INJECTION INTERVENTIONS															
Site	Location	Gauge	Attempts	Initials	Complications / Comments		Date / Time								
A	CAC	18	1	EMS			8-3-12								
B	Other	18	1	MC											
INFUSION 3-15 MIN															
IV #1: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent										
Start 1930 Stop 2010 Ongoing	Site A B Rate chg/Time	Rate chg/Time	Nurse												
IV #2: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent										
Start 1942 Stop 2020 Ongoing	Site A B Rate chg/Time	Rate chg/Time	Nurse												
IV #3: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent										
Start 2000 Stop 2030 Ongoing	Site A B Rate chg/Time	Rate chg/Time	Nurse												
IV #4: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent										
Start 2021 Stop Ongoing	Site A B Rate chg/Time	Rate chg/Time	Nurse												
INJECTION 15 MIN															
Medication	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV	Push	Nurse				
Medication	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV	Push	Nurse				
Medication	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV	Push	Nurse				
Medication	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV	Push	Nurse				
Medication	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV	Push	Nurse				
VACCINATIONS															
Influenza (Site)	SUBQ/IM Lot#		Time		VIS Version Given:		Nurse								
Pneumovax (Site)	SUBQ/IM Lot#		Time		VIS Version Given:		Nurse								
Hepatitis (Site)	SUBQ/IM Lot#		Time		VIS Version Given:		Nurse								
Other (Toxoid Name)	SUBQ/IM Lot#		Time		VIS Version Given:		Nurse								
Did the patient have a reaction? (circle one) YES / NO If YES, describe in detail															
ALL OTHER MEDICATIONS: ORAL, RECTAL, TOPICAL OR INHALATION MEDICATIONS															
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse					
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse					
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse					
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse					
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse					
RESPIRATORY INTERVENTIONS BY NURSING PERSONNEL															
Aerosol Medications		Time given		Patient Response		Nurse									
Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment (circle one) YES / NO Nurse															
Nursing #1 Signature				Date / Time				Nursing #2 Signature				Date / Time			

Rev. 1/5/2010

Page 23 of 23



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

## ED Medication Orders



ETMC-ER (EMR)  
1000 S. Beckham Ave.  
Tyler, TX 75701  
1-800-648-8141

Patient: ADAMS, RODNEY  
Triage Date: August 3, 2012  
DOB: October 2, 1966 Sex: Male  
Med Rec#: 1290384 Age: 45 yr  
Account#: 43328731

MEDICATIONS	Time	Time
<input type="checkbox"/> Ativan _____ mg IV		
<input type="checkbox"/> Zofran _____ mg IV		
<input type="checkbox"/> Morphine _____ mg IV		
<input type="checkbox"/> Nubain _____ mg IV		
<input type="checkbox"/> Dilaudid _____ mg IV		
<input type="checkbox"/> KCL _____ mg IV		
<input type="checkbox"/> Protonix _____ mg IV		
<input type="checkbox"/> Nitropaste _____ " to chest wall		
<input type="checkbox"/> Nitro SLx3		
<input type="checkbox"/> ASA _____ mg po		
<input checked="" type="checkbox"/> IV Fluids <u>1L</u> cchtr KVO <u>WAD</u>		
<input checked="" type="checkbox"/> NS		
<input type="checkbox"/> LR		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> IV Saline Lock		
<u>NaHCO<sub>3</sub> 2 amp br. 8/3/12</u>		
<u>Moraine br. 500 12/00 8/3/12</u>		
<u>Transderm lope f.p.p.</u>		
<u>Vit K<sup>1</sup> 10u 5/21</u>		
<u>Cosyn 4.5 6 5v 5/21</u>		
<u>Vitamin 16 12 5/21</u>		
<u>Acet ICU</u>		
<u>D.I. D.I.</u>		
<u>Ans</u>		
<u>Hypotension</u>		
<u>Hypertension</u>		
ADAMS, RODNEY 43328731 129-03-84 M 045Y DOB: 10/02/1966 ETMC TYLER		

Physician's Signature: Colin A. Marino M.D.

Page 1 of 1

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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

## ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



**ETMC-ER (EMR)**  
**1000 S. Beckham Ave.**  
**Tyler, TX 75701**  
**1-800-648-8141**

**Patient: ADAMS, RODNEY**  
**Triage Date: August 3, 2012**  
**DOB: October 2, 1966**      **Sex: Male**  
**Med Rec#: 1290384**      **Age: 45 yr**  
**Account#: 43328731**

## Chief Complaint

## 1. Medical Problem - Major

## Basic Information

Vital signs:

Medications:

Allergies - intolerances:

Immunizations:

History limitation:

## History of Present Illness

*1. History of Present Illness: pt reports heart in prison cell @ MC & other temp 160  
 7 AM, 1st day @ 0800 & 1st return and neck lump 10x.*

## Duration/Timing

Symptom duration:

Symptom course:

Symptom onset:

## Location

Symptoms:

## Quality/Severity

Symptom quality:

## Modifying Factors

Exacerbating:

Mitigating:

## Context

Prior similar symptoms:

## Assoc Signs &amp; Symp

Const:

## Review of Systems

Eye:

ENT:

CV:

Resp:

GI:

GU:

MS:

Skin:

Neuro:

Psych:

Endocrine:

Heme/Lymph:

Allergy/Immuno:

Other significant:

## Past Medical History

Med:

Surg:



ED Physician Notes

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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

Page 1 of 2

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

## ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



**ETMC-ER (EMR)**  
**1000 S. Beckham Ave.**  
**Tyler, TX 75701**  
**1-800-648-8141**

**Patient: ADAMS, RODNEY**  
**Triage Date: August 3, 2012**  
**DOB: October 2, 1966**  
**Med Rec#: 1290384**  
**Account#: 43328731**

**Sex: Male**  
**Age: 45 yr**

## Family History

FMH:

None / Asthma / COPD / CAD / HTN / MI / DM / CA / Seizures / Unknown /

## Social History

Social concerns:

None / Neglect / Abuse / Living situation /

Habits:

None / ETOH: occ reg amt \_\_\_\_\_ per day wk / Tobacco: occ reg \_\_\_\_\_ ppx \_\_\_\_\_ yrs /  
 Marijuana / Cocaine / Heroin / Amphetamines /

## Examination

General:

NAD / Mild distress / Mod distress / Sev distress

Skin:

WNL / Pale / Jaundice / Cyanotic / Mottled / Diaphoretic / Ashen / Tenting /  
 Erythema / Petechiae / Macules / Papules / Vesicles / \_\_\_\_\_ mm cm / Discrete / Confluent /  
 R / L / Hand / Arm / Lower leg / Thigh / Face / Scalp / Trunk / Genitalia /

Head

Scalp:

WNL / R / L / Occipital / Parietal / Temporal / Frontal / Erythema / Bruises / Swelling / Tenderness /

Face:

WNL / R / L / Infraorbital / Cheek / Maxilla / Ethmoid / Jaw / Erythema / Bruises / Swelling / Tenderness /

Eye:

WNL / PERRL / Scleral icterus / Abnl EOM / Nystagmus: hor vert / R\_L\_Lid inflammation /  
 R\_L\_Conjunctiva inflammation / Abnl pupil: R \_\_\_\_\_ L \_\_\_\_\_ / R\_L\_Papilledema / A-V nicking \_\_\_\_\_ /

ENT:

WNL / R\_L\_TM: dull red bulging / R\_L\_Naris: congestion blood / Dry mucous membranes /  
 Tongue: swelling bruising lesions / Pharynx erythema / R\_L\_Tonsil: swelling exudate / Absent gag /

Neck:

WNL / Supple / Tenderness: spinous process paraspinal / Enlarged thyroid / Stiffness / Painful ROM /

Heart:

WNL / Reg rate & rhythm / Bradycardia / Tachycardia / Extra beats / Irregular / S3 / S4 /  
 Syst mur \_\_\_\_\_ /6 at \_\_\_\_\_, rad to \_\_\_\_\_ / Dias mur \_\_\_\_\_ /6 at \_\_\_\_\_, rad to \_\_\_\_\_ /

Respirations:

WNL / Slow / Rapid / Shallow / Labored / Retractions / Access. mus. use / Controlled vent. /

Lungs:

WNL / Clear / Diminished \_\_\_\_\_ / Rhonchi: insp exp \_\_\_\_\_ / Rales: coarse fine insp exp \_\_\_\_\_ /  
 Wheezes: insp exp \_\_\_\_\_ / Stridor: insp exp / Pleural rub: insp exp \_\_\_\_\_ /

Abd:

WNL / Obese limiting exam / Soft / Scars \_\_\_\_\_ / Distended / Abnl bowel sounds \_\_\_\_\_ / Tenderness \_\_\_\_\_ /  
 Guarding \_\_\_\_\_ / Rebound \_\_\_\_\_ / Enlarged: liver spleen \_\_\_\_\_ cm / Mass \_\_\_\_\_ / Bruit \_\_\_\_\_ /

Rectal:

WNL / Deferred / Tenderness \_\_\_\_\_ / Hemorrhoids: \_\_\_\_\_ / Prostate: \_\_\_\_\_ /  
 Mass \_\_\_\_\_ / Abnl color: blood streaked red black / Heme: pos neg q.c.ok / Decreased tone /

Genital:

WNL / Erythema / Vesicles / Discharge / Tenderness / Ulcer / Mass \_\_\_\_\_ cm / R / L / Glans / Shaft /  
 R\_L\_Scrotum / Testis / Inguinal /

Back:

WNL / R / L / Thoracic / Lumbar / Midline / Paraspinal / CVA / Abrasion / Tenderness /

Extremities:

WNL / R / L / Hand / Arm / Foot / Ankle / Lower leg / Thigh / Tender / Swelling / Deformity / Edema \_\_\_\_\_ /

Neuro:

WNL / Alert / O x \_\_\_\_\_ / Decr LOC / Cognitive dysfunction / Abnl CNS II-XII / Aphasia - Dysarthria /  
 Motor deficit / Sensory deficit / Abnl cerebellar tests / Abnl gait /

Psych:

Appropriate / Depressed / Anxious / Agitated / Uncooperative / Combative /

Lymph:

WNL / R / L / Ant / Post / Neck / Axillary / Inguinal / Generalized /

Perfusion (R/L):

WNL / Warm x 4 / Rad: (\_\_\_\_/\_\_\_\_) / Femoral: (\_\_\_\_/\_\_\_\_) / Pop: (\_\_\_\_/\_\_\_\_) /  
 D. Pedis: (\_\_\_\_/\_\_\_\_) / Post tib: (\_\_\_\_/\_\_\_\_) / Cap ref: (\_\_\_\_secs/\_\_\_\_secs) /

Critical care:

## Critical Care Note:

System at risk for life threatening failure: CNS / Upper airway / Respiratory / Cardiac / Circulatory / Hepatic / RenalAssociated problems: Hypertension / Hypotension / Shock / Hypercarbia / Hypoxia / Bleeding / Dehydration /  
 Metabolic changes / Acidosis / Arrhythmia / Infection / Post OP / Drug overdose / Trauma /

1 Procedures/Services\*\* --- Cardiac monitor interp / Venipuncture / Arterial Puncture  
 CXR interp / NG placement / Vent management / Transcutaneous pacing / Defibrillation

2 Management: \_\_\_\_\_ Bedside management / Care review / Record review /  
 Case discussion related to critical care / Case documentation /

Net Critical Care time (1 + 2)

Time (mins)  
 5  
 10  
 25

\*\* Exclusive of separately billed procedures (ET intubation, temporary transvenous pacing, elective cardioversion, chest tube, CPR, pericardiocentesis, tracheostomy, cricothyroidotomy, thrombolysis, IO line, central line, EKG interp)

Physician Signature

Celia A. Marino M.D.



ED Physician Notes

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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

Page 2 of 2

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

## ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



ETMC-ER (EMR)  
1000 S. Beckham Ave.  
Tyler, TX 75701  
1-800-848-8141

Patient: ADAMS, RODNEY  
Triage Date: August 3, 2012  
DOB: October 2, 1966  
Med Rec#: 1290384  
Account#: 43328731

Sex: Male  
Age: 45 yr

## Additional Problem

## 1. Arterial Line Placement Note

## Examination

Limited by: Clinical condition /

Arterial line:

<b>Arterial Line Placement Note:</b>		<b>Preprocedure Verification</b>
Indications: Continuous BP measurement / Repeated arterial blood sampling /		<input checked="" type="checkbox"/> Correct Pt, Proc, Site
		<input checked="" type="checkbox"/> Time out - Verbal confirm
Approach: R / L / Radial - Allen's test neg / Brachial / Dorsalis pedis / Femoral /		
Preparation: Topical Betadine / Sterile drapes /		
Anesthesia: None / 1% Lidocaine _____ mL subQ in area of placement /		
Technique: Percutaneous / Cut down / Catheter size: 18 _____ / Seldinger over wire /		
Transducer pulse wave: Good / Poor /		
Post procedure distal CMS: Normal / Unchanged / Decreased circulation / Weakness / Numbness /		
Patient tolerated procedure: Yes / Moderately well / Poorly /		
Physician Initials: <u>Celia A. Hanson M.D.</u>		



ED Physician Notes

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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

Page 1 of 1

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

## ED Course / Workup

Chart by exception. Circle positive responses - findings. A backslash ( \ ) indicates a pertinent negative.



**ETMC-ER (EMR)**  
**1000 S. Beckham Ave.**  
**Tyler, TX 75701**  
**1-800-648-8141**

**Patient: ADAMS, RODNEY**  
**Triage Date: August 3, 2012**  
**DOB: October 2, 1966**  
**Med Rec#: 1290384**  
**43328731**

**Sex: Male**  
**Age: 45 yr**

## Clinical Work-up

Cardiac Monitor Rate 165 / Rhythm: NSR STT - Ectopy STT  
 EKG Original Rate 165 / Rhythm: NSR STT - Ectopy STT  
 PR: ND / QRS: 16 sec / Axis: NL 0 / Previous EKG: N / Y / Unchanged / EP: Interp/Review  
 CBC NL except: WBC 10.5 / Hgb 16.5 / Hct 48 / Platelets 239 / segs 100 / bands 10 / lymphs 10 / monos 10 / eos 10  
 Metabolic Profile NL except: Na 130 / K 3.8 / Cl 102 / CO2 30 / Glu 117 / Ca 9.4 / BUN 29 / Creat 2.2 / Albumin 4.2  
 Cardiac Enzymes NL except: CK 165 / CKMB 8 / Troponin 1.59 / PT 12.1 / INR 1.1 / PTT 27.1 / Other None  
 UA NL except: WBC 0 / RBCs 0 / bacteria 0 / dip 0  
 Other Lab D-Stick 0 / HCG qual 0 / HCG quant 0 / Hemacult 0 / Amylase 0 / Lipase 0 / BNP 0 / D-Dimer 0  
 Other Lab I-Stat 4.0 / Other 2.2  
 X-ray (1) chest / (2) 7.158/45/87.4/16.6 / NL Interpreted by EP / Radiology  
 CT / MRI / US None / Reason Ordered None

## ED Course (Timing, Reason, Intervention, and Result)

Recheck 1 Unchanged / Improved / Worse

Recheck 2 Unchanged / Improved / Worse

## Calls Placed

## Discussion

Prudent layperson EMC: Y / N EMTALA EMC: Y / N Stability: Stable for Discharge / Stable for Transfer / Unstable

Records Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Inpatient Ordered / Inpatient / Unavailable

## Clinical Impression / Diagnosis

(1) Heart Stroke / DIC / Hyperkalemia / Anox / Dehydration / Hypertension / Cerebral  
ABDOMINAL PAIN, SITE NOS ESSENTIAL HYPERTENSION NOS MALISE AND FATIGUE  
ANEMIA NOS FACILITY ADMISSION NAUSEA WITH VOMITING  
DIABETES, UNCOMP, TYPE II HEADACHE URINARY TRACT INFECTION NOS

## Disposition

Location Home / Admit / NH or ALF / LWBS / AMA / Transf  
 Condition Improved / Stable / Serious / Expired at 0  
 Prescriptions Critically  
 Follow-up Plan Limit Activities for 0 Days / Referral in 0 Days  
 For Work Injuries No Work for 0 Days / Limited Duty for 0 Days  
 Follow-up Physician PMD / On Call MD / Other 0  
 Instructions 0

Associate Provider:

PA / RN, ACNP-C

PA / RN, ACNP-C

Attending Physician:

Corey A. Martino M.D.  
34182

Completed @ 12:20  
 Care Assumed at 0



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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eDischarge Summary-8/4/2012-David I. Jones, MD-DC0002-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
DISCHARGE SUMMARY**

---

**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**David I. Jones, MD**

**ADMIT DATE: 08/03/2012 23:52**

**DISCHARGE DATE:**

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**DATE OF ADMISSION**

08/03/2012

**DATE OF DEATH**

08/04/2012 at 1750 hours.

**DISCHARGE DIAGNOSES**

1. Heatstroke.
2. Disseminated intravascular coagulation secondary to above.
3. Respiratory failure requiring intubation and mechanical ventilation  
secondary to above.
4. Refractory shock.
5. Severe anemia.
6. Thrombocytopenia.
7. Severe coagulopathy.
8. Obtundation and severe brain injury.

**CONSULTATIONS**

Dr. Gary Gross, hematology/oncology.

**OPERATIONS AND PROCEDURES**

1. Central venous catheter insertion, right femoral vein.
2. Arterial catheter insertion, left radial artery.

**DESCRIPTION**

This 45-year-old white male who was confined to TDCC in Palestine area apparently developed severe hyperpyrexia with a temperature of 107.8 and had collapsed at the prison. He was found having seizure-like activity by the inmates. Apparently, he was retrieved by ambulance and taken to Palestine where his initial temperature was 107.8. He was intubated somewhere en route and stabilized., and then transferred here for higher level of care.

Upon arrival, he was severely "shocky". He was started on vasopressor therapy and admitted to the intensive care unit. He developed a severe coagulopathy and diffuse oozing from all orifices. His hemogram was severely abnormal. He was treated with broad spectrum antibiotic coverage

**DISCHARGE SUMMARY**

**Page 1 of 2**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eDischarge Summary-8/4/2012-David I. Jones, MD-DC0002-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
DISCHARGE SUMMARY**

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**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**David I. Jones, MD**

**ADMIT DATE: 08/03/2012 23:52**

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and he had been cooled adequately prior to admission.

He had severe neurologic injury and never regained consciousness. He remained in refractory shock throughout his hospital stay. He received a large amount of blood product and Dr. Gross was consulted to help with his evaluation.

His mother, the closest relative, indicated that she wanted no further resuscitative efforts late in the day after a large number of blood products were administered and the patient was showing no evident recovery. With that in mind, Dr. Gross and I determined that all ongoing care was futile, and therapy was stopped, specifically vasopressors and then mechanical ventilation, and he expired and was pronounced dead at 1750 hours.

cc:

TR: kxj JOB#: 111877917

DD: 08/04/2012 05:51 P

DT: 08/04/2012 07:02 P

**DISCHARGE SUMMARY**

**Page 2 of 2**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eFacesheet-8/3/2012--FA0002-lpg

East Texas Medical Center TYLER

ADMISSION RECORD-0100

## \*\*\*\*\* Patient Information \*\*\*\*\*

Name-ADAMS, RODNEY DOB-10/02/1966 Age-045Y Sex-M Race-W  
 Acc#-00043328731 Med Rec 129-03-84 Admit Date&Time-08/03/2012 23:52  
 PatientType-I MedSrv-EMR NurseStation-POD1 Room#-M10 - A UserID-TY\_SMIK  
 Address-PO BOX 6400 CtyStZip-TENNESSEE COLONY, TX 75861  
 Home Phone Number-903-9283118 County-ANDERSON  
 Employer-INFORMATION NOT COLL Occupation-  
 Admitting Doc-(43697)DIX-EMPERADOR, LI Attending Doc-(43697)DIX-EMPERADOR, LI

## \*\*\*\*\* Guarantor Information\*\*\*\*\*

Name-ADAMS, RODNEY Relation-SELF Phone903-9283118  
 Address-PO BOX 6400 CityStZip-TENNESSEE C, TX 75861  
 Employer-INFORMATION NOT COLL Phone-

## \*\*\*\*\* Emergency Contact1 \*\*\*\*\*

Name- Relation-  
 Address- CityStZip-

## \*\*\*\*\* Emergency Contact2 \*\*\*\*\*

Name- TDCJ, GURNEY UNIT Relation-OTHER  
 Address-PO BOX 6400 CityStZip- TENNESSEE COLONY, TX 758

## \*\*\*\*\* Insurance 1 \*\*\*\*\*

Name- UTMB CORRECTIONAL MANAGED CARE Number- 1960 Phone-  
 Address- DIBOLL P-P-DIBOLL CityStZip-GALVESTON, TX 775551008  
 Subscriber- ADAMS, RODNEY Soc-Sec-Num-  
 Group#- DOS08032012 Policy#-1797921

## \*\*\*\*\* Insurance 2 \*\*\*\*\*

Name- Number- Phone-  
 Address- CityStZip-  
 Subscriber- Soc-Sec-Num-  
 Group#- Policy#-

==== End Of Data =====



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
HISTORY AND PHYSICAL**

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**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**Lisa M. Dix-Emperador, MD**

**ADMIT DATE: 08/03/2012 23:52**

**DISCHARGE DATE:**

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**DATE OF ADMISSION**

08/03/2012

**HISTORY AND PHYSICAL**

The patient was seen in the emergency room. The patient actually was transferred from an outlying institution. The patient actually is a 45-year-old white male who was actually incarcerated and was found down. By the time the patient had presented to the emergency room locally he apparently had a core temperature of 108 and was unresponsive. The patient was then stabilized. He was intubated, had IV fluid resuscitation. Continued to have an increased temperature of 108 and was completely unresponsive. In speaking with the police officers that were with him, they state that the patient was in a transfer facility and apparently 54 other inmates were there. Apparently the patient was up and about and had gotten something to eat and came back. He said he was a little bit dizzy and wanted to change up bunks and then when he went to lie down, they state that about 30 minutes later they found him seizing and then he became unresponsive.

**PAST MEDICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY**

Inability to obtain. As far as medical records as to whether this patient has any other history of hypertension or diabetes, no records were brought over from the transfer unit.

**DATA**

As far as his data, he did have a CT scan of his head and this was at 7:43 p.m. at the other institution which showed no intracranial bleed. No masses. There was no old CT for comparison. He had a tox screen there that was negative for marijuana, amphetamines, PCP, cocaine.

**LABORATORY DATA AT THE OUTLYING INSTITUTION**

Hemoglobin 12.6, hematocrit 37.9, platelet count 183. Platelets estimate were adequate. He had 33 segs, 1 band, 57 lymphs, 4 monos. The patient had a sodium of 131, potassium 5.9, chloride 98. CO2 23, anion gap 14.9, BUN 24, creatinine 2.2, total protein 7, albumin 3.0. Calcium 7.3, AST 40, and ALT 30. He had an alk phos of 117, CK 165. Osmolality calculated was 274, CK-MB 0.8. ETOH was less than 10.

**PHYSICAL EXAMINATION**

**HISTORY AND PHYSICAL**

**Page 1 of 4**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-lpg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
HISTORY AND PHYSICAL**

---

**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**Lisa M. Dix-Emperador, MD**

**ADMIT DATE: 08/03/2012 23:52**

**DISCHARGE DATE:**

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**VITAL SIGNS:** Basically, the patient on arrival here, temperature core was still up at 104. The patient was intubated. He had what looks like a traumatic intubation because he had a lot of increased blood about his orifice. He was saturating at 95% to 100% on a ventilator. The patient is unresponsive with dilated pupils bilaterally. Core temperature is still up at 104.

**HEENT:** Cervical collar is in place.

**LUNGS:** Diminished breath sounds throughout but clear. No rhonchi, no wheezes.

**ABDOMEN:** Benign.

**RECTAL:** Foley was in place.

**SKIN:** There was no evidence for ecchymotic areas or contusions of the abdomen.

**EXTREMITIES:** Are cool, pale.

**GENITALIA:** He has a Foley catheter in place. Urine is actually light in color and no real evidence for infection.

He did have an EKG in the outlying institution that showed supraventricular tachycardia at 189 beats/minute. A followup EKG monitor here still shows sinus tach at 110. Followup EKG is ordered.

**LABORATORY DATA SINCE HE ACTUALLY ENDED UP HERE AT THIS INSTITUTION**

Followup CT is pending. The patient has a rectal temperature of 104.4.

Pulse is still 168. Blood pressure is 96/61; 100% saturation on current settings. His ABG on arrival: pCO2 of 45, pO2 of 90.6, total hemoglobin 1.4, sodium 34.7, potassium 5.0. Laboratory data significant for creatinine kinase now at 11:23 p.m. of 13.21. CK-MB of 16.8%, troponin of 38. He has a BUN of 31, creatinine 1.5, AST 271. He has bilirubin of 1.8, direct bilirubin of 0.85. He has total protein of 5.8, albumin 2.7, calcium 6.6. He has a white blood count now of 19.8, hemoglobin 11.5, platelet count of 57, bands of 12 and enucleated red blood cells of 10.

The patient is still unresponsive.

The patient was treated with Zosyn in the emergency room.

**ASSESSMENT AND PLAN**

1. Mental status. The patient was noted to be seizing. At this point the patient is unresponsive. Both pupils are dilated. Patient with significantly elevated core temperature at 108. Questionable if this

**HISTORY AND PHYSICAL**

**Page 2 of 4**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-lpg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
HISTORY AND PHYSICAL**

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**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**Lisa M. Dix-Emperador, MD**

**ADMIT DATE: 08/03/2012 23:52**

**DISCHARGE DATE:**

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patient had a stroke, heat stroke, and then seizure, and then subsequent unresponsiveness. The first CT of the head was unremarkable. There was no evidence for brain swelling. At this point in time, the patient has had a significant amount of fluid resuscitation, so a followup CT without contrast has been initiated. Consult was also made to PSOT; was called in when the patient came in at 11:00 to this institution by Dr. Marino with Christine Porter being called.

2. Acute renal failure noted with elevation of his BUN and creatinine. Will continue IV fluid resuscitation. the patient will have his followup CT of the head.

3. Gastrointestinal. Patient with elevated transaminases consistent with shock liver. In addition, patient with DIC panel positive for \_\_\_\_\_ product from the patient most likely with multi-organ system shutdown.

4. Elevation of cardiac enzymes again, most likely with shocky organ systems. Will plan for an echo in the morning and evaluate LV-function, and when the patient has dilated, cardiomyopathy.

5. As far as his neuro status, will have neuro checks and then will also plan for an EEG in the morning to assess brain function.

6. Rectal Foley is in place, continue.

7. Supraventricular tachycardia noted. Could this patient have presented with a supraventricular tachycardia and then with decreased blood pressure? Will plan to have a followup EKG now if he is still having increased significant tachycardia. Will plan to go head and start a Cardizem drip.

8. Since there is some significant acidosis followup ABG with pH now of 7.15. Patient will be treated with 2 amps of bicarb. An ABG will be rechecked.

The family has now appeared and we will talk to the family before the patient goes up.

cc:

TR: dff      JOB#: 111877202

**HISTORY AND PHYSICAL**  
**Page 3 of 4**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador,  
MD-HP0007-lpg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
HISTORY AND PHYSICAL**

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**ADAMS, RODNEY**  
**MR#: 1290384 ACCOUNT #: 00043328731**  
**Lisa M. Dix-Emperador, MD**  
**ADMIT DATE: 08/03/2012 23:52**  
**DISCHARGE DATE:**

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**DD: 08/04/2012 01:04 A**  
**DT: 08/04/2012 03:32 A**

**HISTORY AND PHYSICAL**  
**Page 4 of 4**

**ADAMS, RODNEY****ID:001290384****04-AUG-2012 07:48:50****ETMC - TYLER-2W B ROUTINE RECORD**02-OCT-1966 (45 yr)  
Male Caucasian

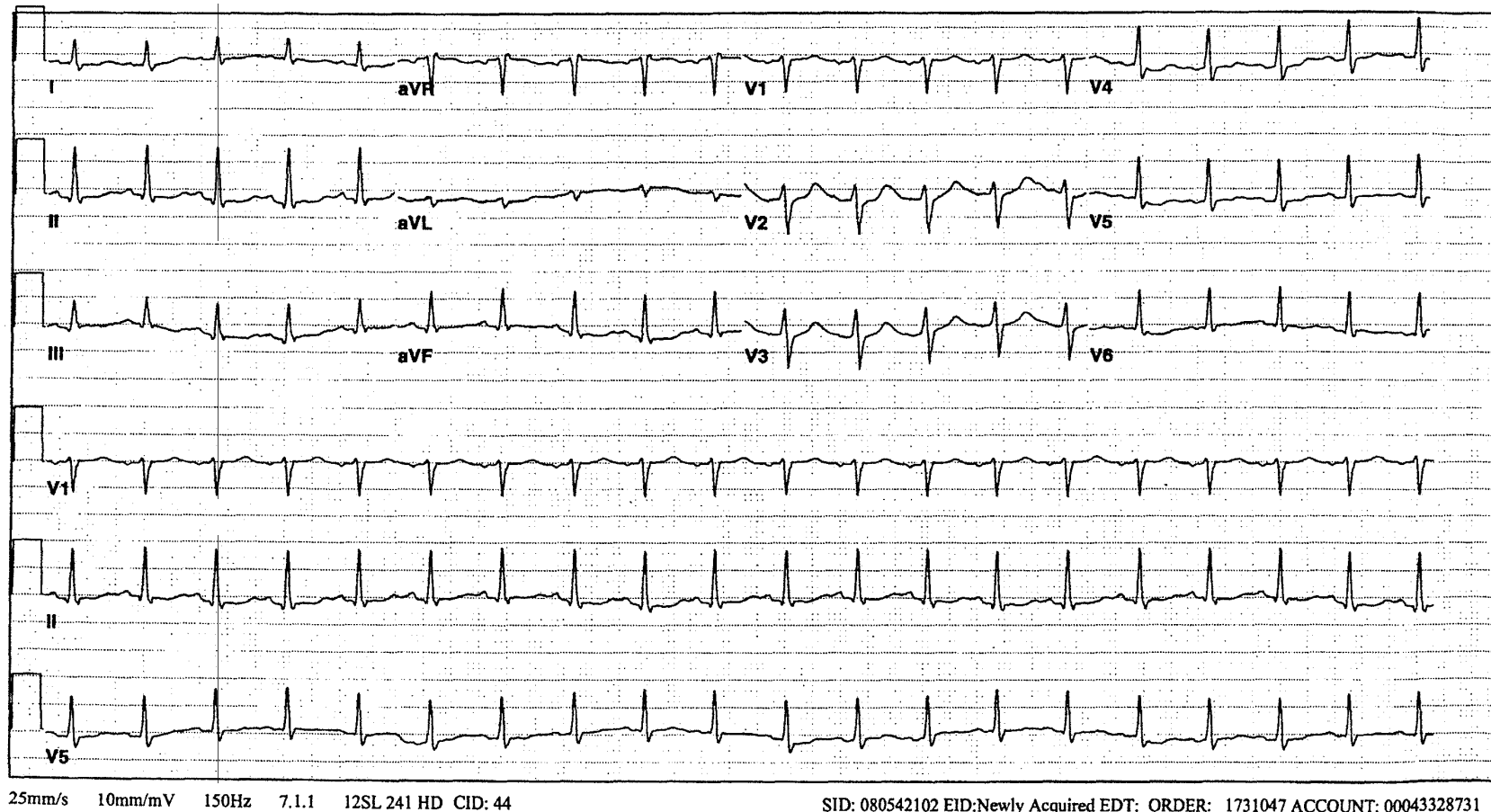
Vent. rate	117	BPM
PR interval	144	ms
QRS duration	100	ms
QT/QTc	366/510	ms
P-R-T axes	67 68 46	

Sinus tachycardia  
 Nonspecific T wave abnormality  
 Abnormal ECG  
 No previous ECGs available

Room:2262  
Loc:11Technician:LIDIA RODRIGUEZ  
Test ind:METABOLIC

Referred by: SIGAL

Newly Acquired



SID: 080542102 EID:Newly Acquired EDT: ORDER: 1731047 ACCOUNT: 00043328731

Page 1 of 1

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 EKG-8/4/2012--CA0022-lpg

McCollum/ Adams-153

Page 1 of 1

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePhysician Progress Note-8/4/2012-David I. Jones, MD-PN0014-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
TYLER PROGRESS NOTES**

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**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**David I. Jones, MD**

**ADMIT DATE: 08/03/2012 23:52**

**DISCHARGE DATE:**

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**DATE OF PROGRESS NOTE**

08/04/2012

**SUBJECTIVE**

The patient has continued to do poorly all afternoon. His blood pressure has drifted down. He is now on multiple pressors including epinephrine, still with marked hypotension and shock.

**OBJECTIVE**

He has received a huge amount of blood products throughout the day and even after all that, his hemoglobin is back down to 5, his platelets are at 60,000, and his coags still are markedly abnormal. He continues to ooze diffusely. Neurologically he showed no significant change and is unresponsive.

**ASSESSMENT**

I have discussed this with his mother who requests that all efforts be stopped and he be allowed to die. I concur with that given the severity of his condition and the likelihood of death. I have discussed this with Dr. Gross who also concurs regarding futility of care.

**PLAN**

With that in mind, we will stop all pressors and then stop mechanical ventilation. Do Not Resuscitate status has already been issued, and all therapies will be stopped at this time.

cc:

TR: mah JOB#: 111877881

DD: 08/04/2012 04:58 P

DT: 08/04/2012 05:06 P

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:54 -05:00

**TYLER PROGRESS NOTES**

**Page 1 of 2**



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePhysician Progress Note-8/4/2012-David I. Jones, MD-PN0014-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
TYLER PROGRESS NOTES**

---

**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**David I. Jones, MD**

**ADMIT DATE: 08/03/2012 23:52**

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---

The patient remains critically ill. I saw him at 0245 hours last night for quite some time and then I am seeing him again today. He remains critically ill.

**PHYSICAL EXAMINATION**

**GENERAL:** Currently, he is on mechanical ventilation and is severely ill.

**VITAL SIGNS:** His temperature dropped to the 94.5 range. Blood pressure is 100/82 with a heart rate of 115 and respiratory rate of 24 on mechanical ventilation. He is quite edematous and has multiple areas of contusion and bleeding. He is bleeding from different orifices and these are addressed with a tamponade of some sort.

**SKIN:** Warm and dry without rash.

**HEENT:** Endotracheal tube and nasogastric tube with bleeding around the area and around the mouth. He has his nasal tamponades or tampons.

**NECK:** Supple, but he is still in a cervical collar.

**CHEST:** Reveals a few scattered crackles, but otherwise was clear.

**HEART:** Regular rhythm and rate without murmur, rub or gallop, but tachycardic.

**ABDOMEN:** Large, obese, nontender.

**GENITOURINARY:** Foley catheter.

**EXTREMITIES:** Mildly edematous. There is significant swelling of the right forearm, but no evidence of compartment syndrome at this time with good pulses.

**NEUROLOGIC:** Reveals him to be minimally responsive. He is initially fixed and dilated, but his pupils now have been reduced to 2 to 3 mm and they are reactive. Neurologically I can get no other response from him.

**CURRENT VENTILATOR SETTINGS**

Assist control of 22, tidal volume 650, PEEP of 5, FiO2 0.50.

**FLUIDS**

Include D5W at 80, Levophed at 30 mcg/kg/min, \_\_\_\_\_ at 290 mcg/kg, \_\_\_\_\_ 0.04 units per minute and a Protonix drip.

**CURRENT LABORATORY**

Quite abnormal with a recent blood gas with pH 7.16, pCO2 of 48, PO2 of 300. CPK is elevated at 1355 with a troponin of 35. INR is greater than 34 and D-dimer is greater than 69,000. Hemoglobin is reduced to 11 after transfusion; it was 6.9 earlier.

**TYLER PROGRESS NOTES**

**Page 1 of 2**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:

East Texas Medical Center  
Regional Healthcare System

## Product Information

UNIT No: 32FF88103



82176

ABO/Rh: O Pos

CMV:

Product Code: 04730 Red Blood Cells - AS-3 Leukoreduced

Product Expiration Date: 08/28/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

## Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees.

Name: \_\_\_\_\_

Signature

Name: \_\_\_\_\_

Signature

Pre-Transfusion V/S: BP: 45/24 Pulse: 126 Resp: 21 Temp: 99.6 O2: 65% By: 09 RNPost-Transfusion V/S: BP: 60/19 Pulse: 120 Resp: 21 Temp: 97.6 O2: 97% By: 09 RNTransfusion Started: 09 8-4-12 0350 Transfusion Stopped: 09 8-4-12 0615

Initial

Date

Time

Initial

Date

Time

Amount transfused: 300

Patient observed during transfusion:

## IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

- Stop transfusion at once.
- Clerical check at bedside? Yes ☐ No ☐
- Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_
- Send completed copy of this form to blood bank with:
  - Remainder of unit with recipient set
  - 10mL lavender top venous blood specimen from patient
  - Post transfusion urine sample (voided)
- Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other \_\_\_\_\_

Completed by \_\_\_\_\_ MD/RN Date \_\_\_\_\_ Time \_\_\_\_\_

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:



East Texas Medical Center  
Regional Healthcare System

Product Information

UNIT No: W035212000042 L



ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS|CPD>AS1/500mL/refg|Resf.eu:<5log6

Product Expiration Date: 08/30/2012 11:59 PM

# in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name:

Name:

Pre-Transfusion V/S:

BP: 49/36

Pulse: 127

Resp: 21

Temp: 97.4

O2: 65%

By: JFH

Post-Transfusion V/S:

BP: 68/52

Pulse: 122

Resp: 21

Temp: 97.4

O2: 65%

By: JFH

Transfusion Started: 7:00

Initial

Date

Time

Transfusion Stopped: 9:00

Initial

Date

Time

Amount transfused: 250

Patient observed during transfusion:

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.

2. Clerical check at bedside?

Yes

No

3. Name of physician notified:

VS: BP

Pulse

Resp

Temp

O2

4. Send completed copy of this form to blood bank with:

A. Remainder of unit with recipient set

B. 10mL lavender top venous blood specimen from patient

C. Post transfusion urine sample (voided)

5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other

Completed by

J. Johnson RN

MD/RN


Date

8-4-12

Time

0625

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Tyler Air One Patient Record-8/4/2012--ER0005-2pg

 PHILIPPS AIR MEDICAL BEYOND THE CALL	Base: <u>11 Lufkin</u> Date: <u>8/3/12</u> Flt # _____																																																																																																																																																											
	Rec'd	Disp.	Enroute	Scene	Pt Contact	Depart	Hospital	Available																																																																																																																																																				
	Pt. Information Name: <u>Rodney Adams</u> Address: _____ City: _____ St: _____ DOB: <u>1/1</u> Age: _____ M/F: _____ Last 4 digits of SSN#: _____																																																																																																																																																											
Incident Info	Scene / Transfer	ALS / BLS	Agency	Approx Time of Incident																																																																																																																																																								
Description of Incident or HPI	Sending Facility		Sending MD, DO, NP, PA		Zip code:																																																																																																																																																							
Rollover <input type="checkbox"/> Auto/Ped <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet <input type="checkbox"/> Seatbelt <input type="checkbox"/> Airbag <input type="checkbox"/> Extr. Time: _____ <u>to jail infirmity HYPERthermic 109 core temp, a/c.</u> <u>REF @ sending. RN stated traumatic intubation &amp; NGT placed</u>																																																																																																																																																												
Pl. History	<u>280 kg</u>	Ideal BW	Allergies:																																																																																																																																																									
Pertinent Past History	_____																																																																																																																																																											
Current Meds	_____																																																																																																																																																											
PTA Treatment	O2	<u>(IV)</u>	Immobilization H	C-collar	Medical control patch	Y	Physician Name	Facility:																																																																																																																																																				
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<table border="1"> <thead> <tr> <th colspan="10">GCS</th> <th colspan="2">Vent Settings</th> </tr> <tr> <th>Time</th> <th>SBP</th> <th>DBP</th> <th>Pulse</th> <th>Resp.</th> <th>SpO2</th> <th>ETCO2</th> <th>Temp.</th> <th>CRT</th> <th>Pain</th> <th>Et</th> <th>V</th> <th>M</th> <th>EVENTS</th> <th>Time on Vent:</th> </tr> </thead> <tbody> <tr> <td>77</td> <td>49</td> <td>174</td> <td>V</td> <td>100</td> <td>—</td> <td>104</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Mode: <u>a2</u></td> </tr> <tr> <td>75</td> <td>48</td> <td>173</td> <td>V</td> <td>100</td> <td>40</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td>5</td> <td></td> <td>Rate: <u>14</u></td> </tr> <tr> <td>78</td> <td>50</td> <td>171</td> <td>V</td> <td>99</td> <td>42</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>TV: <u>600</u></td> </tr> <tr> <td>69</td> <td>48</td> <td>179</td> <td>V</td> <td>99</td> <td>39</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>FIO2: <u>100</u></td> </tr> <tr> <td>89</td> <td>50</td> <td>169</td> <td>V</td> <td>100</td> <td>40</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PEEP: <u>6</u></td> </tr> <tr> <td>124</td> <td>68</td> <td>168</td> <td>V</td> <td>100</td> <td>41</td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PIP: <u>24</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PE: <u>152.5</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Flow: _____</td> </tr> </tbody> </table>										GCS										Vent Settings		Time	SBP	DBP	Pulse	Resp.	SpO2	ETCO2	Temp.	CRT	Pain	Et	V	M	EVENTS	Time on Vent:	77	49	174	V	100	—	104								Mode: <u>a2</u>	75	48	173	V	100	40					1	1	5		Rate: <u>14</u>	78	50	171	V	99	42									TV: <u>600</u>	69	48	179	V	99	39									FIO2: <u>100</u>	89	50	169	V	100	40									PEEP: <u>6</u>	124	68	168	V	100	41	10								PIP: <u>24</u>															PE: <u>152.5</u>															Flow: _____
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SKIN	pale								NS																																																																																																																																																			
HEENT	Blood in nose, oropharynx, suctioned																																																																																																																																																											
NECK	C-collar in place, secured, only																																																																																																																																																											
CHEST	P/B/S etc																																																																																																																																																											
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Transfer of Care: Facility Name: _____ Department: <u>VS@</u> Time: <u>ETT verified by: cm@lip</u> IV's patent <u>Y/N</u> destination BP _____ RESP _____ HR _____ Temp: _____ FCM 1 <u>Revised R. C. C. H</u> Rec. Physician _____ Patient belongings: _____ FCM 2 _____																																																																																																																																																												

NOTE: ALL TRANSPORTS REQUIRE COMPLETED FORM TO BE LEFT AT RECEIVING FACILITY AT TIME OF TRANSFER.

9/30/10

White/ Rec Facility • Yellow/ PHI

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Tyler Air One Patient Record-8/4/2012--ER0005-2pg



Flight # \_\_\_\_\_ A/B/C

**PATIENT CONSENT AND ASSIGNMENT OF BENEFITS**

As a condition of receiving emergency transport and treatment by PHI Air Medical, L.L.C. (Provider), I hereby agree to the following:

- 1) **Consent to Treatment:** I consent to transport and treatment by PHI Air Medical, L.L.C. ("Provider") including the administration of blood products and any other treatment deemed necessary in the judgment of the medical crew (the "Services").
- 2) **Insurance Certification and Authorization:** I accept responsibility for ensuring that all certifications or authorizations required by Medicare, Medicaid or any insurance carrier(s) (collectively, "Insurance Carriers") have been obtained. I recognize that I am responsible for any balance not paid by my insurance carrier for any reason. I agree to sign any documents necessary to authorize Provider to contest any insurance denial.
- 3) **Guarantee of Payment and Assignment of Benefits:** I agree to pay Provider's charges for the Services, including but not limited to any co-payments, deductibles or other expenses not covered by insurance. All charges shall be due and payable on receipt of invoice. Unpaid accounts shall bear interest at the rate of 12% per annum. I assign and transfer to Provider all my rights in and to: (a) all insurance benefits (whether such insurance is owned by me or not) payable as a result of the injury or medical condition that necessitated the Services; (b) any and all proceeds paid or payable to me or on my behalf from any settlement, judgment or other award which is obtained as a result of the injury necessitating the Services; (c) any cause of action that may be assigned according to applicable State law, which I now have or may have in the future against any person or entity arising directly or indirectly from the injury or medical condition which necessitated the Services. I also assign and request payment of authorized Medicare, Medicaid or other government and private health benefits be made directly to Provider, for the present Services and any Services performed in the future.
- 4) **Release of Liability for Personal Valuables:** I understand and agree that Provider is not responsible for personal belongings brought into the ambulance, including, but not limited to, clothing, personal hygiene products, toiletries, dentures, glasses, prosthetic devices such as hearing aides, artificial limbs, medical assist devices, wallets, purses, credit cards, jewelry and money.
- 5) **Consent for Release and Use of Information:** I authorize any holder of medical or other information about me to release to Medicare, Medicaid or any other Insurance Carrier or their agents any information needed to determine benefits for this or a related claim, or for any other purpose permitted by law.
- 6) **Acknowledgement of Receipt of Notice of Privacy Practices:** I acknowledge receipt of Provider's Notice of Privacy Practices.
- 7) **Release of Police Reports:** I appoint Provider as my attorney in fact under applicable State law for the purpose of obtaining police reports and other data related to the accident or incident for which Services were provided.
- 8) **Attorney's Fees:** If any action at law or in equity is brought to enforce this Agreement, Provider shall be entitled to recover reasonable attorney's fees, court costs, and any other costs of collection incurred. The undersigned has read this Agreement, has had an opportunity to ask any questions I have, has received satisfactory answers thereto and enters into it voluntarily.

Patient's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Required)

Date: \_\_\_\_\_

(Required)

☐ Patient's condition is such that he/she is physically or mentally incapable of signing then an authorized representative can sign:

Reason patient cannot sign: \_\_\_\_\_

(Explanation required whenever patient does not or cannot sign)

Signing of this for

 ADAMS, RODNEY  
 43328731 129-03-84 M 045Y  
 DOB: 10/02/1966 ETIC Tyler

This does not constitute acceptance of any financial responsibility by the signer.

Copy of file

facility Medical Record/patient ID number:

 Version 6-phices  
 Date Revised Jul  
 White copy - PHI


43328731

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: **Adams, Rodney**

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: **O Pos**

Location: **POD1**

Antibody(ies):

Patient ID#: 30996

Special Needs:



East Texas Medical Center  
Regional Healthcare System

-----Product Information-----

UNIT No: **W035212176692**



82511

ABO/Rh: **O Pos**

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA|CPD/XX/<=18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

-----Transfusion Information-----

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: *[Signature]*

Signature

Name: *[Signature]*

Signature

Pre-Transfusion V/S: BP: 99/34 Pulse: 130 Resp: 21 Temp: 99.7 O2: 97% By: *[Signature]*

Post-Transfusion V/S: BP: 96/64 Pulse: 122 Resp: 21 Temp: 99.7 O2: 97% By: *[Signature]*

Transfusion Started: *[Signature]* 8-4-12 0622 Transfusion Stopped: *[Signature]* 8-4-12 0225

Amount transfused: 230

Patient observed during transfusion: *[Signature]*

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.

2. Clerical check at bedside? Yes No

3. Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_

4. Send completed copy of this form to blood bank with:

- A. Remainder of unit with recipient set
- B. 10mL lavender top venous blood specimen from patient
- C. Post transfusion urine sample (voided)

5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other \_\_\_\_\_

Completed by *[Signature]*

MD/RN

Date 8-4-12 Time 0705



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Antibody(ies):

Special Needs:

Location: POD1

Patient ID#: 30996



TYLER

East Texas Medical Center  
Regional Healthcare System

## Product Information

UNIT No: W035212127087 E



81655

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA|CPD/XX/≤-18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

## Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees.

Name: [Signature] RNName: [Signature]Pre-Transfusion V/S: BP: 132/72 Pulse: 132 Resp: 21 Temp: 99.9 O2: 92 By: [Signature]Post-Transfusion V/S: BP: 130/70 Pulse: 130 Resp: 21 Temp: 99.9 O2: 92 By: [Signature]Transfusion Started: 07 8-4-12 0224 Transfusion Stopped: 07 8-4-12 0219Amount transfused: 245Patient observed during transfusion: ☒

## IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes ☐ No ☐
3. Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_
4. Send completed copy of this form to blood bank with:
  - A. Remainder of unit with recipient set
  - B. 10mL lavender top venous blood specimen from patient
  - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other \_\_\_\_\_

Completed by [Signature]

MD/RN

Date 8-4-12Time 0705

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: **Adams, Rodney**Account No: **43328731**BB ID #: **NGZ9362**Sample #: **10825456**ABO/Rh: **O Pos**Location: **POD1**

Antibody(ies):

Patient ID#: **30996**

Special Needs:

East Texas Medical Center  
Regional Healthcare System

## Product Information

UNIT No: **W035212142587 R**

82351

ABO/Rh: **O Neg**

CMV:

Product Code: **E2555V00 PLASMA|CPD/XX/<=-18C|Frozen <=24h**Product Expiration Date: **08/05/2012 12:04 AM** # in pool:Crossmatch Interpretation: **Not Required**Tech ID: **KDC2**Date/Time: **08/04/2012 12:24 AM**

Antigens:

Comments:

Prohibiting Factors:

## Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including: verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: *[Signature]* RN  
SignatureName: *[Signature]*  
SignaturePre-Transfusion V/S: BP: 75/47 Pulse: 175 Resp: 21 Temp: 39.6 O2: 92 By: *[Signature]*Post-Transfusion V/S: BP: 75/48 Pulse: 130 Resp: 21 Temp: 39.6 O2: 92 By: *[Signature]*Transfusion Started: *[Signature]* 8-4-12 22:00 Transfusion Stopped: *[Signature]* 8-4-12 02:15  
Initial Date Time Initial Date TimeAmount transfused: *[Signature]* 250 mL Patient observed during transfusion: ☒

## IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes ☐ No ☐
3. Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_
4. Send completed copy of this form to blood bank with:
  - A. Remainder of unit with recipient set
  - B. 10mL lavender top venous blood specimen from patient
  - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other \_\_\_\_\_

Completed by *[Signature]* MD/RN Date 8-4-12 Time 0205

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Antibody(ies):

Special Needs:

Location: POD1

Patient ID#: 30996



East Texas Medical Center  
Regional Healthcare System

Product Information

UNIT No: W035212127120 7

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA/CPD/XX/≤-18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: [Signature] Signature

Name: [Signature] Signature

Pre-Transfusion V/S: BP: 87/55 Pulse: 125 Resp: 21 Temp: 98.9 O2: 98 By: [Signature]

Post-Transfusion V/S: BP: 94/64 Pulse: 122 Resp: 21 Temp: 98.7 O2: 98 By: [Signature]

Transfusion Started: [Signature] 8-4-12 0730 Transfusion Stopped: [Signature] 8-4-12 0741  
Initial Date Time Initial Date Time

Amount transfused: 270 Patient observed during transfusion: ✓

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes ☐ No ☐
3. Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_
4. Send completed copy of this form to blood bank with:
  - A. Remainder of unit with recipient set
  - B. 10mL lavender top venous blood specimen from patient
  - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other \_\_\_\_\_

Completed by: [Signature] MD/RN Date: 8-4-12 Time: 0735

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

## ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



**ETMC-ER (EMR)**  
**1000 S. Beckham Ave.**  
**Tyler, TX 75701**  
**1-800-648-8141**

**Patient: ADAMS, RODNEY**  
**Triage Date: August 3, 2012**  
**DOB: October 2, 1966**  
**Med Rec#: 1290384**  
**Account#: 43328731**

**Sex: Male**  
**Age: 45 yr**

## Chief Complaint

## 1. Medical Problem - Major

## Basic Information

Time: 11:15 // Hx: Pt / Spouse / S.O. / Father / Mother / Child / Guardian / Interp / Other // Amb: BLS ALS // Police

Vital signs:

Per nursing notes / WNL / T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ SaO2 \_\_\_\_\_ % /

Medications:

Per nursing notes / None / Per list / Reconciled /

Allergies - intolerances:

Per nursing notes: substances reactions / NKDA /

Immunizations:

Per nursing notes / Influenza / Pneumococcal / Tetanus: less\_than\_5 yrs 5-10 yrs more\_than\_10 yrs never /

History limitation:

None / Clinical condition / Physical impairment / Cognitive impairment / Language barrier /

## History of Present Illness

*Hepten hand in prison cell & HCL 7 other temp 110  
 7 Anti sen e 64P Ref return and neck temp 108.  
 sent he he end + an*

## Duration/Timing

Symptom duration:

/ 1 days wks mos / Since date \_\_\_\_\_ time \_\_\_\_\_ /

Symptom course:

None / Resolved / Decreasing / Constant / Increasing / Episodic / Waxing & waning /

Symptom onset:

/ Abrupt / Gradual / Unknown /

## Location

Symptoms:

As noted / Describe /

## Quality/Severity

Symptom quality:

As noted / Describe /

## Modifying Factors

Exacerbating:

None / Activity /

Mitigating:

None / Rest /

## Context

Prior similar symptoms:

None / Describe /

## Assoc Signs &amp; Symp

Const:

Neg / Fever / Chills / Sweats / Malaise / Gen weakness / Decreased LOC /

## Review of Systems

See HPI for - Const

Eye:

Neg / R / L / Pain / Eyelid inflammation / Conjunctival inflammation / Vision change /

ENT:

Neg / R / L / Ear: pain disch / Nose: congestion disch bleed / Mouth: pain swelling / Throat: pain swelling hoarse /

CV:

Neg / Chest pain / Palpitations / Tachycardia / Bradycardia / Syncope /

Resp:

Neg / SOB at rest / SOB c exercise / Orthopnea / Cough / Wheezing / Stridor /

GI:

Neg / Nausea / Poor PO intake: solids liquids / Vomiting / Hematemesis / Diarrhea /

Hematochezia / Constipation / Melena / Pain /

GU:

Neg / Dysuria / Hematuria / Discharge / Lesions / R / L Testicle: pain mass / Urine: decr incr /

MS:

Neg / R / L / Hand / Shoulder / Arm / Knee / Leg / Neck / Back / General / Stiff / Pain / Chronic / Acute /

Skin:

Neg / Jaundice / Rash / Pruritus /

Neuro:

Neg / Confusion / R / L Hearing loss / R / L Vision loss / Diplopia /

Abnl: speech motor sensation balance / HA / Seizure /

Psych:

Neg / Anxiety / Depression / Mania / Ideation: suicidal homicidal delusional / Hallucinations /

Endocrine:

Neg / Polydipsia / Polyuria / Heat-cold intolerance / Cushingoid /

Heme/Lymph:

Neg / Lymphadenopathy / Easy bruising / Prolonged bleeding / Anemia /

Allergy/Immuno:

Neg / Allergies as noted / Recurrent infections / HIV: CD4# \_\_\_\_\_, Viral Load \_\_\_\_\_ /

Other significant:

All systems otherwise neg /

## Past Medical History

See HPI / See dictation / See med record dated \_\_\_\_\_ /

Med:

Neg / CAD HTN Angina A.Fib MI CHF Mur / Asthma / GERD / CA / CRF / High chol / Hypothyroid / DM: type\_1 type\_2 /

Surg:

Neg / Not significant / CABG x \_\_\_\_\_ / PTCA / Stent / Chole / Appy / Hernia /

ED Physician Notes copyright LYNX Medical Systems, Inc 2001 N10

ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

Page 1 of 2

Printed 8/3/2012 at 22:59

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePhysician Progress Note-8/4/2012-David I. Jones, MD-PN0014-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
TYLER PROGRESS NOTES**

---

**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**David I. Jones, MD**

**ADMIT DATE: 08/03/2012 23:52**

**DISCHARGE DATE:**

---

**SUMMARY**

He remains severely and critically ill. His overall prognosis is extremely poor and this has been communicated to the family. I will order labs. I will ask Dr. Gary Gross, hematology/oncology, to see him today regarding help with his coagulopathy.

The cause of this is unclear. It looks like this may be all related to heat stroke, given his initial temperature of 107.9. I do not find evidence at this time to suggest neuroleptic malignant syndrome or TTP. There is no indication of poisoning at this time. I suspect that this is all a consequence of hyperpyrexia initiating a sepsis-type cascade with severe coagulopathy and resultant findings. His overall prognosis once again, it quite poor, but at this time we will continue in the short term. I will discuss this with his family.

Critical care time 40 minutes.

cc:

TR: kmb JOB#: 111877581

DD: 08/04/2012 11:21 A

DT: 08/04/2012 01:42 P

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:56 -05:00

**TYLER PROGRESS NOTES**  
**Page 2 of 2**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePulmonary Report-8/4/2012-David I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
PULMONARY**

---

**ADAMS, RODNEY**

**MR#: 1290384 ACCOUNT #: 00043328731**

**David I. Jones, MD**

**ADMIT DATE: 08/03/2012 23:52**

**DISCHARGE DATE:**

---

**DATE OF PROCEDURE**

08/04/2012

**PROCEDURE PERFORMED**

Right femoral triple lumen central line placement.

**TECHNIQUE IN DETAIL**

After informed consent, the patient's right femoral region was prepped and draped in the usual sterile fashion. 1% Xylocaine was used for local anesthesia. Using the modified Seldinger technique, the right femoral vein was cannulated without difficulty. A guidewire was placed and the needle was removed. Over the guidewire, a dilator was placed. This was then removed and a triple lumen catheter was placed over the guidewire into position without difficulty. The guidewire was removed. All ports were aspirated and flushed. The catheter was then sutured into position. Sterile dressing was applied. The patient tolerated the procedure well.

Procedure was performed by Dr. David Jones with adequate placement of a right femoral triple lumen. Sutured in place without any difficulty. No complications.

Dictated by Christine Porter, ACNP

cc:

TR: ddp JOB#: 111877211

DD: 08/04/2012 03:47 A

DT: 08/04/2012 10:33 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:58 -05:00

**PULMONARY**

**Page 1 of 2**



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePulmonary Report-8/4/2012-David I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,  
TEXAS  
PULMONARY**

---

**ADAMS, RODNEY  
MR#: 1290384 ACCOUNT #: 00043328731  
David I. Jones, MD  
ADMIT DATE: 08/03/2012 23:52  
DISCHARGE DATE:**

---

**PULMONARY  
Page 2 of 2**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eRadiology Report-8/3/2012-XR Chest 1 View-RA0001-lpg

## East Texas Medical Center

Imaging Services Consultation

1000 South Beckham Tyler Texas. 75701 \* (903) 531-8200

Page 1

**PATIENT NAME:** ADAMS, RODNEY  
ADAMS, RODNEY

**MRN:** 000001290384

**ACCESSION#:** 6430992

**SEX:** MALE **AGE:** 45

**DATE OF BIRTH:** 10/02/1966

**NS#:** POD1

**BED:** M10 A

**PATIENT TYPE (Major/Minor):** E / E

**ACCT#:** 43328731

\*\*\*Preliminary Report\*\*\*

Order Num 90001 by COLIN MARINO on Aug 3 2012 11:00PM

PROCEDURE: XR Chest 1 View

REASON FOR PROCEDURE: PALPITATIONS

PROCEDURE DICTATED: CHEST ONE VIEW

INDICATIONS: Palpitations.

RESULTS: Upright chest reveals endotracheal tube and nasogastric tube are in good position. Linear atelectatic changes are seen in both bases. No pneumothorax is seen. Pulmonary vascularity is normal.

### IMPRESSION:

Linear atelectatic changes at both bases. No dense consolidation seen.

Endotracheal tube and nasogastric tube are in good position.

Accession Number: 6430992

Interpreting Physician: JOHN P ANDREWS MD ID#: 000380

Dictated on: Aug 3 2012 11:14PM

Transcribed by / Date: on

Approved Electronically by / Date: /

### Distribution:

COLIN MARINO, M.D. ID#: 005219

END OF REPORT

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Nursing Assessment-8/4/2012--ER0012-1pg

## Assessment Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm Date:</b>	08/03/2012	<b>Attn Dr:</b>	DIX, LISA MD
<b>Dsch Date:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## ED Nursing Assessment &amp; Care

	08/04/12 02:17	08/04/12 02:12	08/04/12 00:38	08/04/12 00:16	08/03/12 23:00	08/03/12 22:56
<b>Collected By</b>	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN
<b>Clinical Note</b>						
<b>Status</b>	Complete	Complete	Complete	Complete	Complete	Complete
<b>ED Room Placement Date</b>	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012
<b>IV Prior to Arrival 1</b>					Yes	
<b>Chief Complaint</b>	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE
<b>IV1 - Type</b>	Saline Lock	Saline Lock			Saline Lock	
<b>Unable to assess patient</b>			Yes		Yes	
<b>Chief Complaint</b>	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE
<b>Location</b>	Right	Right			Right	
<b>IV1 - Site</b>	Antecubital	Antecubital			Antecubital	
<b>BP</b>						96/61
<b>Pulse</b>						168 *HH*
<b>Size</b>	20G				18G	
<b>Respirations</b>						14
<b>O2 Saturation (%)</b>						100
<b>IV Prior to Arrival 2</b>					Yes	
<b>O2 Delivery Device</b>						Ventilator
<b>Mode of Arrival Adm</b>					Air Transport - Non - ETMC	
<b>IV #2 Type</b>	Saline Lock				Saline Lock	
<b>Accompanied By</b>					Self	
<b>Temperature</b>						104.4 F *H*

Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

MRN: 1290384

Page 1 of 3

Assessment Report  
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Page 1 of 3

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Nursing Assessment-8/4/2012--ER0012-1pg

## Assessment Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm Date:</b>	08/03/2012	<b>Atn Dr:</b>	DIX, LISA MD
<b>Dsch Date:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## ED Nursing Assessment &amp; Care

	08/04/12 02:17	08/04/12 02:12	08/04/12 00:38	08/04/12 00:16	08/03/12 23:00	08/03/12 22:56
<b>Collected By</b>	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN
<b>Clinical Note</b>						
<b>Status</b>	Complete	Complete	Complete	Complete	Complete	Complete
<b>Site</b>						Rectal
<b>Location</b>	Left				Left	
<b>Historian</b>					Paramedic/EMS Provider	
<b>Out of ED Date/Time</b>				08/04/2012 01:00		
<b>Patient Disposition</b>				Intensive Care		
<b>IV #2 Site</b>	Forearm				Antecubital	
<b>Size</b>	20G				18G	
<b>Condition on Discharge</b>				Stable		
<b>Triage Level Key</b>	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent
<b>Departure Mode</b>				Stretcher		
<b>Escorted By</b>				Law Enforcement		
<b>Triage Date/Time</b>	08/04/2012 02:17	08/04/2012 02:12	08/04/2012 00:38	08/04/2012 00:16	08/03/2012 23:00	08/03/2012 22:56
<b>ED Room Placement Date</b>	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012
<b>Admit Room No.</b>				2262		
<b>Location</b>		Radial, Left				
<b>Insertion Date</b>		08/04/2012				
<b>Tubing Date</b>		08/04/2012				
<b>Site Appearance</b>		No complications				
<b>Calibration Performed</b>		Yes				

Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

MRN: 1290384

Page 2 of 3

Assessment Report

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Nursing Assessment-8/4/2012--ER0012-1pg

**Assessment Report**

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm Date:</b>	08/03/2012	<b>Attn Dr:</b>	DIX, LISA MD
<b>Dsch Date:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

**ED Nursing Assessment & Care**

	08/04/12 02:17	08/04/12 02:12	08/04/12 00:38	08/04/12 00:16	08/03/12 23:00	08/03/12 22:56
Collected By	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN
<b>Clinical Note</b>						
<b>Status</b>	Complete	Complete	Complete	Complete	Complete	Complete
<b>Dressing</b>		Intact				
<b>Action/Comment</b>		PLACED BY DR. MARINO				
<b>Unit Called</b>				Yes		
<b>Pre-Hospital General Treatment</b>					See EMS Report	
<b>Motor Response</b>					Localizes to Pain	

Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

MRN: 1290384

Page 3 of 3

Assessment Report

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Page 3 of 3

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

## Orders Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm DTime:</b>	08/03/2012	<b>Atn Dr:</b>	DIX, LISA MD
<b>Dsch DTime:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## Order Type: Admit/Discharge/Transfer

## Order Sub Type: Admission

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034189	08/03/12 23:38 08/03/12 23:38	Admitting Physician - dix	Active	COLIN A MARINO, MD

Instructions: dix

2034337	08/03/12 23:38 08/03/12 23:38	Admit To Medical/Surgical ICU	Active	COLIN A MARINO, MD
---------	----------------------------------	-------------------------------	--------	--------------------

## Order Type: Cardiology

## Order Sub Type: Echo

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034702	08/04/12 00:24 08/04/12 00:24	Echocardiogram Complete	Complete	LISA M DIX, MD

## Order Type: Cardiology

## Order Sub Type: EKG

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034188	08/03/12 23:27 08/03/12 23:27	EKG STAT Palpitations	Active	COLIN A MARINO, MD
2034703	08/04/12 00:24 08/04/12 00:24	EKG Metabolic Abnormalities	Active	LISA M DIX, MD

## Order Type: Clinical

## Order Sub Type:

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034336	08/03/12 23:38 08/03/12 23:38	Diagnosis - ams, hyperthermia, dic,	Active	COLIN A MARINO, MD

Comments: ams, hyperthermia, dic,

2034559	08/04/12 00:24 08/04/12 00:24	Diagnosis - DIC, hyperthermia coma	Active	LISA M DIX, MD
---------	----------------------------------	------------------------------------	--------	----------------

Comments: DIC, hyperthermia coma

## Order Type: Code Status

## Order Sub Type: Code\_Status

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034340	08/03/12 23:38 08/03/12 23:38	Code Status Full Code	Active	COLIN A MARINO, MD
2034560	08/04/12 00:24 08/04/12 00:24	Full Code	Active	LISA M DIX, MD

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

Page 1 of 8

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## Orders Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm DTime:</b>	08/03/2012	<b>Atn Dr:</b>	DIX, LISA MD
<b>Dsch DTime:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## Order Type: Consult

## Order Sub Type: Specialist Service Request

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034911	08/04/12 01:18 08/04/12 01:18	Consult: Critical Care - DAVID I JONES, MD called to C	Active	LISA M DIX, MD

Instructions: called to Christine Porter at 11pm by Dr. Moreno from ER

## Order Type: Dietary

## Order Sub Type: Oral

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034590	08/04/12 00:24 08/04/12 00:24	Diet, NPO	Active	LISA M DIX, MD

## Order Type: Laboratory

## Order Sub Type: Chemistry

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033979	08/03/12 22:38 08/03/12 22:38	Hepatic Function Panel (Liver) STAT	Complete	COLIN A MARINO, MD
2033982	08/03/12 22:36 08/03/12 22:36	CMP STAT	Complete	COLIN A MARINO, MD
2034186	08/03/12 23:27 08/03/12 23:27	CKMB (Includes CK,CKMB, Index) STAT	Complete	COLIN A MARINO, MD
2034187	08/03/12 23:27 08/03/12 23:27	Troponin-I STAT	Complete	COLIN A MARINO, MD
2034344	08/03/12 23:38 08/03/12 23:38	CKMB (Includes CK,CKMB, Index)	Canceled	COLIN A MARINO, MD
2034345	08/03/12 23:38 08/03/12 23:38	Troponin-I	Canceled	COLIN A MARINO, MD
2034511	08/04/12 05:30 08/04/12 05:30	CKMB (Includes CK,CKMB, Index)	In progress	
2034512	08/04/12 05:30 08/04/12 05:30	Troponin-I	In progress	
2034594	08/04/12 00:24 08/04/12 00:24	B-Type Natriuretic Peptide (BNP) STAT	Complete	LISA M DIX, MD
2034595	08/04/12 00:24 08/04/12 00:24	Lipid Profile STAT	Complete	LISA M DIX, MD

## Order Type: Laboratory

## Order Sub Type: Coagulation

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
--------	-----------------	------------------	------------	--------------------------

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

Page 2 of 8

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

## Orders Report

**Pt Name:** ADAMS, RODNEY  
**Pt ID:** 2012058566  
**DOB:** 10/02/1966  
**Adm DTime:** 08/03/2012  
**Dsch DTime:**  
**Entity:** 0100 - Tyler  
**Dx:**

**MRN:** 1290384  
**Acct No:** 00043328731  
**Age/Sex:** 45Y/M  
**Attn Dr:** DIX, LISA MD

## Order Type: Laboratory

## Order Sub Type: Coagulation

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033977	08/03/12 22:36 08/03/12 22:36	aPTT STAT	In progress	COLIN A MARINO, MD
2033978	08/03/12 22:36 08/03/12 22:36	Prothrombin Time (PT) STAT	In progress	COLIN A MARINO, MD
2033980	08/03/12 22:36 08/03/12 22:36	D-Dimer, Quantitative STAT	In progress	COLIN A MARINO, MD
2033983	08/03/12 22:38 08/03/12 22:38	Fibrinogen Degradation Products (FDP) STAT bleeding	Complete	COLIN A MARINO, MD

Instructions: bleeding

## Order Type: Laboratory

## Order Sub Type: Hematology

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033981	08/03/12 22:36 08/03/12 22:36	CBC STAT	Complete	COLIN A MARINO, MD
2034596	08/04/12 00:24 08/04/12 00:24	Sedimentation Rate STAT	Complete	LISA M DIX, MD

## Order Type: Laboratory

## Order Sub Type: Microbiology

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033971	08/03/12 22:36 08/03/12 22:36	Culture, Blood STAT Prior to antibiotics	In progress	COLIN A MARINO, MD
2033972	08/03/12 22:36 08/03/12 22:36	Culture, Blood STAT Prior to antibiotics	In progress	COLIN A MARINO, MD
2033973	08/03/12 22:36 08/03/12 22:36	Culture, Urine STAT	In progress	COLIN A MARINO, MD
2034557	08/04/12 00:24 08/04/12 00:24	Culture, Blood	Canceled	LISA M DIX, MD
2034558	08/04/12 00:24 08/04/12 00:24	Culture, Blood	Canceled	LISA M DIX, MD
2034597	08/04/12 00:24 08/04/12 00:24	Culture, Blood STAT Prior to antibiotics	Canceled	LISA M DIX, MD
2034598	08/04/12 00:24 08/04/12 00:24	Culture, Blood STAT Prior to antibiotics	Canceled	LISA M DIX, MD
2034599	08/04/12 00:24 08/04/12 00:24	Gram Stain	In progress	LISA M DIX, MD

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

Page 3 of 8

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## Orders Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm DTime:</b>	08/03/2012	<b>Atn Dr:</b>	DIX, LISA MD
<b>Dsch DTime:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## Order Type: Laboratory

## Order Sub Type: Transfusion Services

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033974	08/03/12 22:36 08/03/12 22:36	Type And Screen STAT	Complete	COLIN A MARINO, MD
2034130	08/03/12 23:23 08/03/12 23:23	Blood Product - Fresh Frozen Plasma (FFP) STAT A fa	Complete	COLIN A MARINO, MD
2034741	08/04/12 00:42 08/04/12 00:42	Blood Product - Fresh Frozen Plasma (FFP) dic A facto	In progress	LISA M DIX, MD
2034742	08/04/12 00:42 08/04/12 00:42	Blood Product - Pheresis Platelet ASAP dic Bleeding in	Complete	LISA M DIX, MD

## Order Type: Laboratory

## Order Sub Type: Urinalysis

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034600	08/04/12 00:24 08/04/12 00:24	Urinalysis with Microscopic, if indicated	In progress	LISA M DIX, MD

## Order Type: Medication/IV

## Order Sub Type:

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034045	08/03/12 23:23	DEXTROSE 5%-WATER (250 ML bag) NOREPINEPH	Discontinue	
2034086	08/03/12 23:23 08/03/12 23:50	DEXTROSE 5%-WATER (250 ML bag) NOREPINEPH	Discontinue	
2034347	08/03/12 23:38	Protonix 40mg/IV Complex Dose Intravenous QD Now F	Active	COLIN A MARINO, MD
2034348	08/03/12 23:38	ONDANSETRON (ZOFTRAN) 4 MG = 2 ML Intravenous	Validated	COLIN A MARINO, MD
2034621	08/04/12 00:20 08/04/12 00:20	PHENYLEPHRINE 60 MG IN SALINE (250 ML bag) In	Validated	
2034622	08/04/12 00:21 08/04/12 00:21	SODIUM BICARB 8.4% ABBOJECT 100 MEQ = 100 M	Validated	
2034711	08/04/12 00:24	INSULIN, ASPART (NovoLOG) Sliding Scale Subcutan	Validated	LISA M DIX, MD
2034714	08/04/12 00:24	labetalol (laBETalol) 10 mg = 2 mL Intravenous Q1H PF	Active	LISA M DIX, MD
2034717	08/04/12 00:24	ONDANSETRON (ZOFTRAN) 4 MG = 2 ML Intravenous	Validated	LISA M DIX, MD
2034745	08/04/12 00:42	dextrose 5% in water (D5W) (1000 mL bag) sodium bic	Active	LISA M DIX, MD
2034751	08/04/12 00:42 08/04/12 00:42	sodium bicarbonate (SODIUM BICARB 8.4% ABBOJEC	Active	LISA M DIX, MD
2034884	08/04/12 01:35 08/04/12 01:35	DEXTROSE 5%-WATER (250 ML bag) EPINEPHRINE	Validated	
2035039	08/04/12 02:14 08/04/12 02:14	NOREPINEPHRINE (LEVOPHED) 4 MG = 4 ML Intrav	In progress	

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

Page 4 of 8

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## Orders Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm DTime:</b>	08/03/2012	<b>Attn Dr:</b>	DIX, LISA MD
<b>Dsch DTime:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## Order Type: Medication/IV

## Order Sub Type:

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2035086	08/04/12 02:15 08/04/12 02:15	VANCOMYCIN 1000 MG = 1 VIAL Intravenous ONCE	In progress	
2035087	08/04/12 02:16 08/04/12 02:16	PHENYLEPHRINE (NEOSYNEPHRINE) 50 MG = 5 ML	In progress	
2035088	08/04/12 02:17 08/04/12 02:17	PHYTONADIONE (AQUAMEPHYTON) 10 MG = 1 ML	In progress	

## Order Type: Medication/IV

## Order Sub Type: Drip IV

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034190	08/03/12 23:38	norepinephrine bitartrate (LEVOPHED) 4 mg in dextrose	Active	COLIN A MARINO, MD
2035096	08/04/12 02:22	vasopressin (PITRESSIN) 50 UNIT in sodium chloride	Active	MISTI E RILEY, RN

## Order Type: Medication/IV

## Order Sub Type: Injectable

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034346	08/03/12 23:38	SODIUM CHLORIDE 0.9% (1000 ML bag) Intravenous	Validated	COLIN A MARINO, MD
2034623	08/04/12 00:22 08/04/12 00:52	PIPERACILLIN-TAZOBACTAM (ZOSYN) 4.5G Intravenous	Validated	
2034722	08/04/12 00:42	piperacillin-tazobactam 3.375 g Intravenous Q8H	Active	LISA M DIX, MD
2034723	08/04/12 00:42	clindamycin 900 mg/50 mL D5W Intravenous Q8H	Active	LISA M DIX, MD
2034724	08/04/12 00:42 08/04/12 00:42	vancomycin 1000 mg/200 mL D5W Intravenous ONE T	Active	LISA M DIX, MD

## Order Type: Nursing

## Order Sub Type: Activity

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034591	08/04/12 00:24 08/04/12 00:24	Bedrest: Strict	Active	LISA M DIX, MD

## Order Type: Nursing

## Order Sub Type: Assessment

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034579	08/04/12 00:24 08/04/12 00:24	Assess Neurological Status every 1 hour	Active	LISA M DIX, MD
2034582	08/04/12 00:24 08/04/12 00:24	Assess Patient Weight Daily	Active	LISA M DIX, MD
2034583	08/04/12 00:24 08/04/12 00:24	Assess Intake and Output Q1 Hour	Active	LISA M DIX, MD

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

Page 5 of 8

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Adm Date: 08/03/2012

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

## Orders Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm DTime:</b>	08/03/2012	<b>Atn Dr:</b>	DIX, LISA MD
<b>Dsch DTime:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## Order Type: Nursing

## Order Sub Type: Communication

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034338	08/03/12 23:38 08/03/12 23:38	Notify Attending on arrival to nursing unit	Active	COLIN A MARINO, MD
2034339	08/03/12 23:38 08/03/12 23:38	All Care Transferred to Attending MD	Active	COLIN A MARINO, MD
2034342	08/03/12 23:38 08/03/12 23:38	Notify if Pulse Oximetry Less than 92%	Active	COLIN A MARINO, MD
2034580	08/04/12 00:24 08/04/12 00:24	Titrate O2 via Nasal Cannula for Sat > or equal to 92%	Active	LISA M DIX, MD
2034586	08/04/12 00:24 08/04/12 00:24	Urinary Cath Protocol	Active	LISA M DIX, MD
2034587	08/04/12 00:24 08/04/12 00:24	Maintain urinary catheter due to strict intake and output	Active	LISA M DIX, MD
2034588	08/04/12 00:24 08/04/12 00:24	Maintain urinary catheter due to total bedrest	Active	LISA M DIX, MD
2034589	08/04/12 00:24 08/04/12 00:24	Notify attending for abnormal CK / CKMB / Troponin res	Active	LISA M DIX, MD
2034705	08/04/12 00:24 08/04/12 00:24	Hypoglycemia Protocol	Active	LISA M DIX, MD
2034706	08/04/12 00:24 08/04/12 00:24	Potassium Protocol Nursing Communicaton	Active	LISA M DIX, MD
2034707	08/04/12 00:24 08/04/12 00:24	Trauma Electrolyte Protocol	Active	LISA M DIX, MD
2034709	08/04/12 00:24 08/04/12 00:24	Oral Care Protocol	Active	LISA M DIX, MD
2034710	08/04/12 00:24 08/04/12 00:24	Urinary Cath Protocol	Active	LISA M DIX, MD
2034743	08/04/12 00:42 08/04/12 00:42	Transfuse <u>2</u> Units _____ each over 30 minutes	Active	LISA M DIX, MD

Instructions: each over 30 minutes

2034744	08/04/12 00:42 08/04/12 00:42	Post transfusion labs (Specify) Nurse, Order requested	Active	LISA M DIX, MD
---------	----------------------------------	--	--------	----------------

Instructions: Nurse, Order requested lab in OneChart when Transfusion completed.

## Order Type: Nursing

## Order Sub Type: Precaution

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034577	08/04/12 00:24 08/04/12 00:24	Precaution, Aspiration	Active	LISA M DIX, MD

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

Page 6 of 8

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

## Orders Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm DTime:</b>	08/03/2012	<b>Atn Dr:</b>	DIX, LISA MD
<b>Dsch DTime:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## Order Type: Nursing

## Order Sub Type: Treatment

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034578	08/04/12 00:24 08/04/12 00:24	Apply Sequential Compression Device	Active	LISA M DIX, MD
2034584	08/04/12 00:24 08/04/12 00:24	Place Gastric Tube to Low Intermittent Suction	Active	LISA M DIX, MD
2034585	08/04/12 00:24 08/04/12 00:24	Insert Urinary Catheter (Indwelling)	Active	LISA M DIX, MD
2034701	08/04/12 00:24 08/04/12 00:24	Saline Lock x 2	Active	LISA M DIX, MD
2034754	08/04/12 00:55 08/04/12 00:55	Apply Cooling Blanket d/c blanket when temp is less than 100.5	Active	LISA M DIX, MD

Instructions: d/c blanket when temp is less than 100.5

## Order Type: Radiology

## Order Sub Type: CT Scan

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034721	08/04/12 00:42 08/04/12 00:42	CT Head WO Contrast 20% Decrease in BP	Active	LISA M DIX, MD

## Order Type: Radiology

## Order Sub Type: DX Radiology

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033975	08/03/12 22:36 08/03/12 22:36	XR Chest 1 View STAT Palpitations	Complete	COLIN A MARINO, MD
2034704	08/05/12 05:00 08/05/12 05:00	XR Chest 1 View AM Routine Cardiogenic Shock	Active	LISA M DIX, MD

## Order Type: Respiratory

## Order Sub Type: BIPAPCPAP

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034592	08/04/12 00:24 08/04/12 00:24	CPAP	Discontinue	LISA M DIX, MD

## Order Type: Respiratory

## Order Sub Type: Diagnostic

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033976	08/03/12 22:36 08/03/12 22:36	ABG with co-oximetry on room air STAT	Complete	COLIN A MARINO, MD
2034027	08/04/12 03:00	ABG with Co-oximetry and Electrolytes Q24H (TIMED)	Active	Allison M Sanders, RRT

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

Page 7 of 8

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Adm Date: 08/03/2012

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

## Orders Report

<b>Pt Name:</b>	ADAMS, RODNEY	<b>MRN:</b>	1290384
<b>Pt ID:</b>	2012058566	<b>Acct No:</b>	00043328731
<b>DOB:</b>	10/02/1966	<b>Age/Sex:</b>	45Y/M
<b>Adm DTime:</b>	08/03/2012	<b>Atn Dr:</b>	DIX, LISA MD
<b>Dsch DTime:</b>			
<b>Entity:</b>	0100 - Tyler		
<b>Dx:</b>			

## Order Type: Respiratory

## Order Sub Type: Diagnostic

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034593	08/04/12 00:24 08/04/12 00:24	ABG in 60 minutes and call results	Discontinue	LISA M DIX, MD
2034725	08/04/12 00:52 08/04/12 00:52	ABG with Co-oximetry and Electrolytes	Complete	LISA M DIX, MD

Instructions: after the 100 meq ivp bicarbonate

## Order Type: Respiratory

## Order Sub Type: Treatment Respiratory

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034581	08/04/12 00:24 08/04/12 00:24	Pulse Oximetry continuous	Discontinue	LISA M DIX, MD
2034708	08/04/12 00:24 08/04/12 00:24	Bronchodilator Protocol Treatment	Discontinue	LISA M DIX, MD
2034749	08/04/12 00:53	Bronchodilator Protocol Treatment PRN	Active	Allison M Sanders, RRT

## Order Type: Respiratory

## Order Sub Type: Ventilator

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034028	08/04/12 01:00	tyVentilator - Standard RTQ3H&PRN	In progress	Allison M Sanders, RRT

## Order Type: Vital Signs

## Order Sub Type: Monitoring

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034341	08/03/12 23:38 08/03/12 23:38	Vital Signs every 4 hrs	Active	COLIN A MARINO, MD
2034343	08/03/12 23:38 08/03/12 23:38	Temperature: Every 4 hrs x 3 then every 8 hrs	Active	COLIN A MARINO, MD
2034576	08/04/12 00:24 08/04/12 00:24	Vital Signs per unit protocol	Active	LISA M DIX, MD

Pt. Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

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MRN: 1290384

Page 8 of 8


Orders Report

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Generated On: 04-Aug-12 02:22

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Other ED Document-8/4/2012--ER0036-1pg

ADAMS, RODNEY  
43328731 129-03-84 M 045Y  
DOB: 10/02/1988 ETMC Tyler  
  
43328731

**Critical Value Verbal Report**  
(please print)

Patient's Name: \_\_\_\_\_  
Date received: 8/3/12 Time: 0053  
Critical Value Results: PROBEN 38.0  
☒ Value Read Back  
Caregiver's Name: Shermy B.  
Title: PA


Time physician paged: \_\_\_\_\_  
Time of verbal contact w/physician: \_\_\_\_\_  
Name of physician notified: \_\_\_\_\_  
☐ Physician notification not required.

575-0044

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Outside Medical Document-8/3/2012--EX0002-3pg

Central Logic - Patient: RODNEY ADAMS

Page 1 of 1

 <b>FIRSTCOMM TRANSFER REPORT</b>	
<b>SUMMARY: CALL #150008</b>	
<i>Printed on 08/03/2012 20:25</i>	
INITIATED by BORUNDA, GABRIEL (08/03/2012 20:02)	Status: OPENED by BORUNDA, GABRIEL (08/03/2012 20:24)
<b>TRANSFER</b>	
<b>Case Status: Active</b>	
<b>Patient</b>	<b>Next of Kin</b>
ADAMS, RODNEY PO BOX 8400 TENNESSEE COLONY, TX 75861 Phone (903) 928-3118	No information available
<b>Patient Detail</b>	<b>Chief Complaint</b>
Birthdate 10/02/1966 (45 years) Gender Male	Major Problem RESPIRATORY FAILURE, ACUTE MI, HYPERTHERMIA, 107.8, SEIZURE
<b>Primary Care Provider</b>	<b>Consult Provider</b>
No provider selected	ZACHRY, WILLIAM Phone (903) 597-0351 ERMD TYLER TYLER, TX
<b>Referring Provider</b>	<b>Referring Location</b>
TOOTE, PAUL Phone (903) 439-4077 KOPKINS MEMORIAL SULPHUR SPRINGS, TX	PALESTINE REGIONAL MEDICAL CENTER (903) 731-1000 (Phone)
<b>Accepting Service and Provider</b>	<b>Accepting Location</b>
Accepting Service: Emergency Medicine ZACHRY, WILLIAM Phone (903) 597-0351 ERMD TYLER TYLER, TX	ETMC TYLER
<b>Medical Acceptance</b>	<b>Facility Acceptance</b>
Status Accepted Decision Date 08/03/2012 20:08 Call Initiated By Referring MD	Status Accepted Decision Date 08/03/2012 20:08 Transfer Priority ED to ED
<b>Transport</b>	<b>Placement</b>
Date Initiated 08/03/2012 20:08 Type PALESTINE EMS	Requested 08/03/2012 20:08 Unit E.D. Bed ER Assigned 08/03/2012 20:08 Unit E.D. Bed ER Received 08/03/2012 20:08 Projected 08/03/2012 20:08 Confirmed 08/03/2012 20:08
<b>Notifications</b>	
No notifications completed	

129.03.84

<http://vmcentralapp1.etmc1.etmc.org/claf/txa/index.cfm?rxRelHost=txa/&&rx=Call-Summa...> 8/3/2012

TX-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Outside Medical Document-8/3/2012--EX0002-3pg

## PALESTINE REGIONAL MEDICAL CENTER AND REHABILITATION HOSPITAL

ADAMS, RODNEY		Serv	FC Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00104029459			11 L.ER		REG ER	08/03/12	1913	L000199921
Soc Sec No DOB Age Sex MS Race Religion 999-99-9999 01/01/66 46 M U W Address: PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Ph: 903-928-3118 Country: ANDERSON COUNTY Language: ENGLISH Country: USA UTMB, UTMB SS#: 999-99-9999 Address: 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77555 Home Ph: 800-605-8165 Country: Relationship to Patient: WARD OF COURT SS#:		UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation: UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:						
Address Home Ph: Relationship to Patient:		Work Phone: Occupation: WARDEN, GURNEY UNIT PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Phone: 903-928-3118 Work Phone: Relationship to Patient: WC						
Home Phone: Relationship to Patient:		Work Phone: Policy # 1797921 Coverage # 0 Subscriber ADAMS, RODNEY Rel to Pt SELF/SAME AS PA DOB 01/01/1966 Group P0696997084 -						
UTMB MANAGED CARE 301 UNIVERSITY BLVD GALVESTON TX 77555-1008 Phone: 409-747-2653		Treat/Precert - PRE CERT # Ins Verif Pro Review Not Required						
Policy # Coverage # Subscriber Rel to Pt Group		DOB Treat/Precert Ins Verif Pro Review						
Policy # Coverage # Subscriber Rel to Pt Group		DOB Treat/Precert Ins Verif Pro Review						
NO LOCAL PHYSICIAN		TOOTE, PAUL URBAN 0334						
EMERGENCY ROOM EM AMB PRADMTJG FEVER								
Critical - Taylor TX-10780 - 181-6-50297% Prop. 1:59. vent. wt. 100 kg NS-L		* CT of head - black eye R SZ ST 75/50 - 170						
Unit Number L000199921		Account Number L00104029459						

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Outside Medical Document-8/3/2012--EX0002-3pg

06/10/2012 SUN 1:05 FAX 903 531 8819 First Comm  
12/30/2011 FRI 16:30 FAX0001/001  
0002/001

## ETMC PATIENT TRANSFER HAND OVER COMMUNICATION

To Be Completed by the Transferring Physician

FAX to: FirstComm - 903.531.8819 Date: 8/3/12 Time: 2000

Patient Information: \_\_\_\_\_

Situation: Transferring Facility: PRMCReason for Transfer: CriticalDiagnosis: Resp failure, MI, HypothermiaCurrent Vital signs: Temp: 101.6 BP: 90/50 P: 170 R: Vent SPO2: \_\_\_\_\_

## Background:

Medications: ArveloxAbnormal Labs: Trop. 1.57Diagnostic Read by Radiologist ( ) Yes ( ) No Radiologist's Name: O'NeillAssessment: Major Drips: Levophed  
Acetaminophen, NSInterventions (i.e. sutures, chest tubes): VentilationRecommendation: Transfer to ED ICU Floor Other (circle)Mode of transport: Air (Include patient weight: 100 kg/lbs) GroundName of Transferring Physician: Dr. Teate Phone: 903-731-1153Questions please call: 903-535-6267

NOT PART OF MEDICAL RECORD

Apr 09/JFM

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:



TYLER

East Texas Medical Center  
Regional Healthcare System

## Product Information

UNIT No: W035212184735



82429

ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS|CPD&gt;AS1/500mL/refg|ResLeu:-5log6

Product Expiration Date: 08/30/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

## Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name:

Signature

Name:

Signature

Pre-Transfusion V/S:

BP: 115/52

Pulse: 115

Resp: 21

Temp: 97.8

O2: 98%

By: J. Dan

Post-Transfusion V/S:

BP: 114/52

Pulse: 114

Resp: 23

Temp: 97.4

O2: 98%

By: J. Dan

Transfusion Started:

Initial

Date

Time

Transfusion Stopped:

Initial

Date

Time

Amount transfused:

486

Patient observed during transfusion:

✓

## IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.

2. Clerical check at bedside?

Yes

No

3. Name of physician notified:

VS: BP

Pulse

Resp

Temp

O2

4. Send completed copy of this form to blood bank with:

A. Remainder of unit with recipient set

B. 10mL lavender top venous blood specimen from patient

C. Post transfusion urine sample (voided)

5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other

Completed by

MD/RN

Date

Time



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:

East Texas Medical Center  
Regional Healthcare System

## -----Product Information-----

UNIT No: W035212151977 K



82436

ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS|CPD&gt;AS1/500mL/refg|ResLeu:&lt;5log6

Product Expiration Date: 08/30/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

## -----Transfusion Information-----

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: [Signature] Name: Jeffrey Mangione, RN  
Signature Signature

Pre-Transfusion V/S: BP: 94/27 Pulse: 100 Resp: 21 Temp: 97.8 O2: 97% By: [Signature]

Post-Transfusion V/S: BP: 144/52 Pulse: 114 Resp: 23 Temp: 97.4 O2: 97% By: [Signature]

Transfusion Started: 08/04/12 0635 Transfusion Stopped: 08/04/12 0815  
Initial Date Time Initial Date Time

Amount transfused: 425 Patient observed during transfusion: ✓

## IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_
4. Send completed copy of this form to blood bank with:
  - A. Remainder of unit with recipient set
  - B. 10mL lavender top venous blood specimen from patient
  - C. Post transfusion urine sample (voided)
5. Check symptoms:
 

Urticaria	Chills	Fever	Hematuria	Shortness of breath
Other _____				

Completed by \_\_\_\_\_ MD/RN Date \_\_\_\_\_ Time \_\_\_\_\_

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: **Adams, Rodney**Account No: **43328731**BB ID #: **NGZ9362**Sample #: **10825456**ABO/Rh: **O Pos**Location: **POD1**

Antibody(ies):

Patient ID#: **30996**

Special Needs:

**TYLER**East Texas Medical Center  
Regional Healthcare System

## -----Product Information-----

UNIT No: **W035212145438 5**

82850

ABO/Rh: **O Pos**

CMV: anti-CMV Negative

Product Code: **E3088V00 Apheresis PLATELETS|ACD-A/XX/20-24C|ResLeu:<5log6|2nd container**Product Expiration Date: **08/05/2012 11:59 PM** # in pool:Crossmatch Interpretation: **Not Required**Tech ID: **KDC2**Date/Time: **08/04/2012 01:07 AM**

Antigens:

Comments:

Prohibiting Factors:

## -----Transfusion Information-----

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Pre-Transfusion V/S: BP: 57/44 Pulse: 132 Resp: 21 Temp: 99.8 O2: 93 By: [Signature]  
 Post-Transfusion V/S: BP: 81/44 Pulse: 178 Resp: 21 Temp: 98.9 O2: 93 By: [Signature]

Transfusion Started: 97 8-4-12 0330  
 Initial Date Time

Transfusion Stopped: 97 8-4-12 0305  
 Initial Date Time

Amount transfused: 275Patient observed during transfusion: ☒

## IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes ☐ No ☐
3. Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_
4. Send completed copy of this form to blood bank with:
  - A. Remainder of unit with recipient set
  - B. 10mL lavender top venous blood specimen from patient
  - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other \_\_\_\_\_

Completed by [Signature]

MD/RN

Date 8-4-12Time 0305

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:



TYLER

East Texas Medical Center  
Regional Healthcare System

## Product Information

UNIT No: W035212145346



82355

ABO/Rh: O Pos

CMV:

Product Code: E2555V00 PLASMA|CPD/XX/&lt;=-18C|Frozen &lt;=24h

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

## Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agree.

Name: [Signature]  
SignatureName: [Signature]  
SignaturePre-Transfusion V/S: BP: 99/64 Pulse: 100 Resp: 21 Temp: 99.4 O2: 97 By: [Signature]Post-Transfusion V/S: BP: 88/55 Pulse: 105 Resp: 21 Temp: 99.7 O2: 97 By: [Signature]Transfusion Started: 97 8-4-12 0725 Transfusion Stopped: 97 8-4-12 0730  
Initial Date Time Initial Date TimeAmount transfused: 230Patient observed during transfusion: [checkmark]

## IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_
4. Send completed copy of this form to blood bank with:
  - A. Remainder of unit with recipient set
  - B. 10mL lavender top venous blood specimen from patient
  - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other \_\_\_\_\_

Completed by [Signature] MD/RN Date 8-4-12 Time 0705

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

East Texas Medical Center  
Regional Healthcare System

## -----Product Information-----

UNIT No: W035212176683 F



82515

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA|CPD/XX/ --18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

## -----Transfusion Information-----

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: LA [Signature] Name: MB [Signature]  
Signature Signature

Pre-Transfusion V/S: BP: 88/65 Pulse: 125 Resp: 21 Temp: 99.7 O2: 92 By: [Signature]Post-Transfusion V/S: BP: 98/64 Pulse: 102 Resp: 21 Temp: 99.7 O2: 92 By: [Signature]

Transfusion Started: 99 8-4-12 0732 Transfusion Stopped: 99 8-4-12 0737  
Initial Date Time Initial Date Time

Amount transfused: 275Patient observed during transfusion: ✓

## IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: \_\_\_\_\_ VS: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ O2 \_\_\_\_\_
4. Send completed copy of this form to blood bank with:
  - A. Remainder of unit with recipient set
  - B. 10mL lavender top venous blood specimen from patient
  - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Completed by [Signature] MD/RN Date 8-4-12 Time 0705